No. 300
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41923

FILED DEC 16 1954

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
c. LENGTH OF STAY (in this place): 40 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ mi East on Farm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN: Parkville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6 West 5th St

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): John
c. (Last): Renner

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 28. 1894
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 HR.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock-
11. BIRTHPLACE (City and State or Foreign Country): Parkville. Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John A. D. Renner
13b. MOTHER'S MAIDEN NAME: Cassie Thorpe
14. NAME OF HUSBAND OR WIFE: Alma Linder Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW. #1
16. SOCIAL SECURITY NO.: 493-22-4542
17. INFORMANT'S SIGNATURE OR NAME: Leslie Renner. ADDRESS: Parkville Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture left Diaphragm with displacement of Abdominal Contents into lt. pleural cavity with mediastinal shift.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c) Recent Trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Fractured Ribs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 083
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Hofman
(Degree or title): MD
23b. ADDRESS: St Joseph Hospital K.C. Mo.
23c. DATE SIGNED: 12/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Dec. 3-54
24c. NAME OF CEMETERY OR CREMATORY: St Matthews Cemetery
24d. LOCATION (City, town, or county) (State): Parkville - Mo

DATE REC'D BY LOCAL REG.: Dec 3-6-4
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Frances
ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 1954
RECEIVED
PLATTE COUNTY
HEALTH DEP'T
By.....

FEB 1 1955

FEB 1 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis S. Walton

Licensed Embalmer No 27H

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.