No. 300
10.48

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 41982

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 130

0840
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1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar, rural, Marion.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died in the home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marion 0840
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Roy M. b. (Middle) (Michael) c. (Last) Brenner

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

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1894
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Brenner
13b. MOTHER'S MAIDEN NAME: Ricketts
14. NAME OF HUSBAND OR WIFE: Eva Brenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 083-07-5801
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Eva Brenner, Bolivar, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis	4 hours
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary sclerosis	6 years
DUE TO (c)	Diabetes Mellitus	8 years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Chronic nephritis	4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ 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):
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* June, 1950, *to* Nov. 30, 1954, *that I last saw the deceased alive on* Nov. 30, 1954, *and that death occurred at* 6:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Barnett MD
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 12-1-54

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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3, 54
24c. NAME OF CEMETERY OR CREMATORY: Greenwood cemetery
24d. LOCATION (City, town, or county) (State): Bolivar, Mo.

DATE REC'D BY LOCAL REG.: 12-6-1954
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Pitts Funeral Home Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bolivar, Mo.

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

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