

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32061

State File No.

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Seymour Webster Co.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dallas</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour Rt 3</u>		d. STREET ADDRESS (If rural, give location) <u>Seymour Rt 3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seymour Rural</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>RENNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/20/1870</u>	9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Webster Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Joseph Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Birk</u>		14. NAME OF HUSBAND OR WIFE <u>Phillip Renner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.J. Renner, Seymour, Rt. 3.</u>		

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, ashenia, 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) <u>acute myocardial infarction</u>		DUE TO (b) <u>arteriosclerotic coronary heart disease</u>			<u>3 min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized arteriosclerosis</u>			<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>just recovered from lobar pneumonia and acute congestive heart failure.</u>			<u>22 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 4, 1955, to Sept 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell MD.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>Sept 22, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. Webster Co, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>9-23-55</u>	REGISTRAR'S SIGNATURE <u>Opal M. Good</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Don H. Farnell, Marshfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *How G. Terrell*

Licensed Embalmer No. *4847*

P. O. Address *Mansfield, N.J.*

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

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