

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17335

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. h 964 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived, if institution, institution before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>		
b. CITY OR TOWN <u>Rural / Pettis</u>		c. LENGTH OF STAY (in this place) <u>81 yrs</u>	c. CITY OR TOWN <u>Parkville</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RFD #4, Box 850</u>			e. STREET ADDRESS (If rural, give location) <u>RFD #4, Box 850</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Renner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 - 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 4 1875</u>		9. AGE (In years) (Months) (Days) <u>81 1 6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Parkville, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>
13a. FATHER'S NAME <u>Wm Renner</u>		13b. MOTHER'S MAIDEN NAME <u>May Ann Groh</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Known or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms Emma Bossler</u> ADDRESS <u>Parkville, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>				<u>years</u>
	DUE TO (c) <u>Generalized Atherosclerosis</u>				<u>years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) <u>4201</u>			
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 <u>Apr 14 1956</u> to <u>May 20, 1956</u> that I last saw the deceased alive on <u>May 18, 1956</u> , and that death occurred at <u>3 9</u> m., from the causes and on the date stated above.					
23. SIGNATURE <u>W. D. Wood</u> (Degree or title)			23b. ADDRESS <u>11 D 10 16 Prof Bldg. Kansas City, Mo</u>		23c. DATE SIGNED <u>5-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville MO</u>	
DATE REC'D BY LOCAL REG. <u>May 21, 56</u>	REGISTRAR'S SIGNATURE <u>Opelia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deland K Francis</u> ADDRESS <u>Parkville MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

