

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH382826
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 5124

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5618 FOREST</u>			Length of stay in lb. <u>46 yrs.</u>		d. STREET ADDRESS <u>5618 FOREST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>GEORGE</u>			First <u>GEORGE</u>		Middle <u>(NONE)</u>		Last <u>RENAULT, SR.</u>	
4. DATE OF DEATH <u>NOV-23-1956</u>		Month <u>NOV</u> Day <u>23</u> Year <u>1956</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 13, 1879</u>		9. AGE (In years last birthday) <u>77</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLANT FOREMAN - EMMAE STORAGE & F.I.C. CO.</u>		11. BIRTHPLACE (City and state or country) <u>PARIS, FRANCE 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Pierre RENAULT</u>				14. MOTHER'S MAIDEN NAME <u>Marie BRUANDET</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-07-2196A</u>		17. INFORMANT (wife) <u>Mrs. Juliette Renault</u>		Address <u>5618 Forest K.C., Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Pyelonephritis & Azotemia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>9 1/2</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<u>6000</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes Mellitus (25 yrs duration)</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>9/12/56</u> to <u>11/23/56</u> and last saw her/him alive on <u>11/23/56</u> . Death occurred at <u>9:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>C.G. Leitch</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>1010 Prof. Obuy Kern</u>		22c. DATE SIGNED <u>11/26/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV-26-1956</u>	23c. NAME OF CEMETERY OR-CREMATORY <u>MT. MORIAH CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
24. FUNERAL DIRECTOR <u>R.W. NEWCOMER'S SONS</u>			ADDRESS <u>1331 Grand Blvd. K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-26-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed... *Everett L. Smith*

Licensed Embalmer No. *572*

P. O. Address ... *H. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.