

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2345**
Registrar's No. **6**

FILED FEB 5 1958

Registration District No. **277** Primary Registration District No. **441**

300
1-57

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 806 W. Main		Length of stay in lb 30 yrs.	d. STREET ADDRESS 806 W. Main
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ella Middle Renner Last Moxley			4. DATE OF DEATH Month Jan. Day 22 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1882	9. AGE (In years of birthday) 77	IF UNDER 1 YEAR Months 3 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Pike Co. Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Newton Renner	13b. MOTHER'S MAIDEN NAME Anna Belle Harrelson	14. NAME OF HUSBAND OR WIFE Howard Moxley
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Address Mrs. Will Raufer Bowling Green, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from October 19, 1957 to Jan. 22, 1958 and last saw her alive on Jan. 22, 1958 Death occurred at Bowling Green, Mo. 5:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James B. Biggs, M.D.	(Degree or title)	22b. ADDRESS Bowling Green, Missouri	22c. DATE SIGNED Jan 24, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-24-1958	23c. NAME OF CEMETERY OR CREMATORY Bowling Green City	23d. LOCATION (City, town, or county) (State) Bowling Green, Mo.
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24. FUNERAL DIRECTOR J. O. Mudd	ADDRESS Bowling Green, Mo.	25. DATE RECD. BY LOCAL REG. 1-28-58	26. REGISTRAR'S SIGNATURE Bill Robinson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

VS APR 1 1959

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 *James B. Mudd* _____

Licensed Embalmer No. *4152* _____

P. O. Address *Bowling Green* _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.