

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022409
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 37

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEDOM Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CONCORDIA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI SW OF CONCORDIA, MO Length of stay in lb		d. STREET ADDRESS 3 1/2 MI S OF CONCORDIA, MO (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Earl Middle EDWARD Last RENNO			4. DATE OF DEATH Month JUNE Day 11 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 10, 1942
9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (City and state or country) CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME WALTER RENNO	
13b. MOTHER'S MAIDEN NAME BIRBIE THIEMAN		14. NAME OF HUSBAND OR WIFE NONE	
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 WALTER RENNO CONCORDIA, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple fractures of skull DUE TO (b) due to crushing injury to head DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident not witnessed.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Driving farm tractor on a country road		
20c. TIME OF INJURY 6:45 p.m. 6-11-1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tractor overturned crushing head		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION CONCORDIA LAFAYETTE MO	20g. COUNTY STATE MO	
21. I attended the deceased from after death on 6-11-58 and last saw him alive on 6-11-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Martin MD Coroner 3	22b. ADDRESS Odesa Mo	22c. DATE SIGNED 6-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/58	23c. NAME OF CEMETERY OR CREMATORY BAPTIST	23d. LOCATION (City, town, or county) (State) CONCORDIA MO
24. FUNERAL DIRECTOR E. S. James	25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE Marnie O. Bailey	

All diseases in Part I must be causally related.

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address

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.