

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027094

STATE FILE NUMBER

FILED VS JUL 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3451

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 17 Years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4929 Tracy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RAYMOND Middle OTTO Last RENNOCK			4. DATE OF DEATH Month June Day 30 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman, Manley Popcorn Vending Machines Co.		10b. KIND OF BUSINESS OR INDUSTRY Chicago, Illinois		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Herman Rennock		13b. MOTHER'S MAIDEN NAME Eda Pitch		14. NAME OF HUSBAND OR WIFE Martha S. Rennock		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 347-03-8934		17. INFORMANT Address Mrs. Martha S. Rennock Kansas City, 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) Meningitis			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bilateral polycystic kidneys			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour 3 Month, Day, Year Oct 27, 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Oct 27, 1959 to June 30, 1960 and last saw him alive on June 29, 1960 Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James H. O'Neil M.D.		22b. ADDRESS 425 E 63rd	
22c. DATE SIGNED 7-1-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-60	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-60	26. REGISTRAR'S SIGNATURE Neve Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JAMES H. O'NEIL

Haroldson (B.D. 119. Room 221)
Em. 3-1-265
Be there at 1 P.M. today

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter H. Carver

Licensed Embalmer No. 435

P. O. Address K. E. T.

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