URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960 — 60-032290

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 158 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in 1b: 2 days	c. CITY OR TOWN: Parkville — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): North Kansas City Memorial — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location): Rt. 5 Box 590 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Roy	Middle: C.	Last: Renner	4. DATE OF DEATH	Month: Oct. Day: 10 Year: 1960
5. SEX: Male	6. COLOR OR RACE: white	7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Dec. 20, 1900	9. AGE (last birthday): 59	IF UNDER 1 YEAR: Months ~~10~~ Days ~~10~~ IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-retired	10b. KIND OF BUSINESS OR INDUSTRY: ~~retired~~ agricult.	11. BIRTHPLACE (City and state or country): Shawne, Kansas	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Adam Renner	13b. MOTHER'S MAIDEN NAME: Bertha Brenner	14. NAME OF HUSBAND OR WIFE: Mrs. Lena Renner			
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.: 495-24-8656	17. INFORMANT: Mrs. Lena Renner, Address: Parkville, Rt. 5, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Circulatory Failure	72 hours
DUE TO (c)	Generalized atherosclerosis	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture - Right hip

Central Nervous System deterioration - (due to C above)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient - paralized Rt side - fell from bed

20c. TIME OF INJURY: Hour 8 a.m. ~~p.m.~~ Month, Day, Year: 10 7 60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION: Riverside COUNTY: Platte STATE: Mo

21. I attended the deceased from 5/6/59, to 10/10/60 and last saw her/him alive on 10/10/60

Death occurred at 5:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD	22b. ADDRESS: RR4, North Kansas City 16 Mo	22c. DATE SIGNED: 10/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 13, '60	23c. NAME OF CEMETERY OR CREMATORY: East Slope Cemetery	23d. LOCATION (City, town, or county): Riverside, (State): Mo.
24. FUNERAL DIRECTOR: L.H. Francis	ADDRESS: Parkville, Mo.	25. DATE RECD. BY LOCAL REG.: 10-12-60	26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS OCT 31 1960

NOV 13 1962

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 Leland N Francis
401 Main St

Licensed Embalmer No. 3451

P. O. Address Parkville

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