MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029587
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4037

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in this place: 1 month ~~85 YEARS~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH HOSPITAL
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: JOHNSON
c. CITY OR TOWN: SHAWNEE MISSION
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3519 WEST 61ST TERR.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First GRANT Middle U Last RENNE, SR.
4. DATE OF DEATH: Month AUGUST Day 13 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-4-1869
9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER GRANT RENNE & SONS
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE MOVING & HEAVY HAULING CO.
11. BIRTHPLACE (City and state or country): CEDAR RAPIDS, IA.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: GEORGE N. RENNE
13b. MOTHER'S MAIDEN NAME: Mary Emily Lane
14. NAME OF HUSBAND OR WIFE: MRS. NORA RENNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): --
17. INFORMANT: MRS. NORA RENNE Address: 3519 WEST 61ST TER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Aug 9, 61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Acute uremia — July 3, 61
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. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 3, 1961, to Aug 13, 61 and last saw him alive on August 13, 61
Death occurred at 2:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Lyle G. Willits (Degree or title) M.D.
22b. ADDRESS: 1103 Grand Avenue
22c. DATE SIGNED: 8/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG. 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-14-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Lyle G. Willits

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

DOCUMENT

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 Gerald Michael

Licensed Embalmer No. 4340

P. O. Address Kansas City, Kn

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.