SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043384
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 209

FILED DEC 5 1961

1. PLACE OF DEATH
a. COUNTY Vernon Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Mo. — Length of stay in 1b 1yr. 4mo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) #812 No. Washington Tate Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cedar
c. CITY OR TOWN Eldorado Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Mo. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Leona Middle Renner Last Hensel
4. DATE OF DEATH Month Nov. Day 10 Year 1961
5. SEX Fem
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Nov. 2-69
9. AGE (last birthday) 92
IF UNDER 1 YEAR Months 0 Days 8 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dallas Co. Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Renner
13b. MOTHER'S MAIDEN NAME Eliza Kost
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Abel Hensel Address Eldorado Springs Mo.

MEDICAL CERTIFICATION

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)	Congestive heart failure	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary artheriosclerosis	Unknown
DUE TO (c)	Generalized artheriosclerosis	Unknown

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 Nov. 14, 1960, to Nov. 10, 1961 and last saw her alive on Nov. 3, 1961
Death occurred at Nevada, Mo. 10:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. P. McCann (Degree or title) L. P. McCann, M. D.
22b. ADDRESS Moore Bldg., Nevada, Missouri
22c. DATE SIGNED 11/16/'61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-12-61
23c. NAME OF CEMETERY OR CREMATORY Appleton City
23d. LOCATION (City, town, or county) Appleton City (State) Mo.

24. FUNERAL DIRECTOR Owen Eckhoff ADDRESS Appleton City Mo.
25. DATE RECD. BY LOCAL REG. Nov 28-1961
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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_____ Signed Oscar Eckhoff

Signature of Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton Co

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.