

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 0291 Registrar's No. 26

6000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Liberty</i>	c. LENGTH OF STAY (in this place) <i>9 mo</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural 8830</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Odd Fellows hospital.</i>		d. STREET ADDRESS (If rural, give location) <i>Parkville - (Riverside)</i>	

3. NAME OF DECEASED (First) (Middle) (Last) <i>Bertha Matilda Renner.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 16-1953</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>	8. DATE OF BIRTH <i>Mar 23-1875</i>		9. AGE (In years last birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Parkville, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>John Pete Brenner</i>		13b. MOTHER'S MAIDEN NAME <i>Louisa Truskey.</i>		14. NAME OF HUSBAND OR WIFE <i>Adam Renner. Deceased in 1945</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ray Brenner R7D Parkville,</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General arteriosclerosis</i>		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>5</i> DUE TO (c) <i>Had cerebral haemorrhage about 10 years ago.</i>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4500</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June 1952* to *April 1953*, that I last saw the deceased alive on *April 1, 1953* and that death occurred at *9:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm H Goodson M.D.</i>		23b. ADDRESS <i>Liberty, Mo</i>		23c. DATE SIGNED <i>4/15/53</i>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <i>April 18-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>		24d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>	
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DATE REC'D BY LOCAL REG. <i>April-18-1953</i>		REGISTRAR'S SIGNATURE <i>William H. Goodson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Leland H. Lucas Parkville Mo</i>	
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**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,         

Student Embalmer No.         

working under my personal supervision.

Student           
Student Embalmer

Signed Leland G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

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 this body is not embalmed, fact should be so stated above.