No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36159

State File No. 5006

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Jackson Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Miami Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bucyrus 8150 8
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): F
c. (Last): WREN

4. DATE OF DEATH (Month) (Day) (Year): Oct 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1882 - June 9
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Miami Co Kans
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Clint Wren
13b. MOTHER'S MAIDEN NAME: Anna Fox
14. NAME OF HUSBAND OR WIFE: Elizabeth Wren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 512-08-8421
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Elizabeth Wren Bucyrus, Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction
ANTECEDENT CAUSES: with Acute ventricular dilatation
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ~~DUE TO~~ (b)
DUE TO (c): Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute prostatitis

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION: Oct. 8, 1953
19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy
20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Pathologist, *to* _____, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hobart K.B. Allebach M.D.
23b. ADDRESS: 2300 Holmes, K.C. Mo
23c. DATE SIGNED: 10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-19-53
24c. NAME OF CEMETERY OR CREMATORY: Springhill Cem.
24d. LOCATION (City, town, or county) (State): Springhill Kans.

DATE REC'D BY LOCAL REG.: 10-19-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Roy Bruce Gardner, Ks.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....1989.....

P. O. Address.....

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.