

No. 300
10.48

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15329**
Registrar's No. **148**

BIRTH NO. _____ REG. DIST. NO. **97** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY cole		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission.) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Paul	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (First) (Middle) (Last) Ida Julia Kennedy Reno			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1954		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 18-1857	9. AGE (In years last birthday) 97	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 2 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Chester, Ill.	12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME John Kennedy	13b. MOTHER'S MAIDEN NAME Mary Ryan	14. NAME OF HUSBAND OR WIFE John W Reno
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs William P. Post ADDRESS St Paul Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death hypertyle bladder papillomas several years		

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)
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 _____, 19____ to **5/30, 1954**, that I last saw the deceased alive on **5/20, 1954**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE Ernest P. Segebarth MD (Degree or title)	23b. ADDRESS Jefferson City Mo.	23c. DATE SIGNED 5/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3-1954	24c. NAME OF CEMETERY OR CREMATORY Chester Catholic Cemetery
		24d. LOCATION (City, town, or county) (State) Chester, Ill.

DATE REC'D BY LOCAL REG. May 30-54	REGISTRAR'S SIGNATURE R. P. Morris MD-9R	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Pittman ADDRESS Funeral Home
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 7 2 NPA

JUN 25 1954

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 _____

Carlton J. Pitman

Student Embalmer No. *497*

working under my personal supervision.

Student *Carlton J. Pitman*
Student Embalmer

Signed *Mrs. J. C. Pitman*

Licensed Embalmer No. *3055*

P. O. Address *Wentzville, 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.