

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31244**

BIRTH NO. **FILED SEP 19 1956** REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **4272** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Balline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic & Hospital		e. STREET ADDRESS (If rural, give location) 65 Hi-way 1/2 W. Malta Bend	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Lawrence c. (Last) renner			4. DATE OF DEATH (Month) (Day) (Year) 9 7 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-7-1875
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Dayton, Ohio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John renner		13b. MOTHER'S MAIDEN NAME Mary Kay Hereford	14. NAME OF HUSBAND OR WIFE Elizabeth Singleton renner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry renner, Jr. Grand Pass, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardio vascular renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis generalized DUE TO (c) _____ 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) 442x
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 10/26 , 19 45 , to 9/7 , 19 56 , that I last saw the deceased alive on 9/7 , 19 56 , and that death occurred at 4:00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Douglas Kelling M.D.		23b. ADDRESS Waverly, Missouri	23c. DATE SIGNED 9/10/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-10-1956	24c. NAME OF CEMETERY OR CREMATORY Community Cemetery
24d. LOCATION (City, town, or county) (State) Grand Pass Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boehly Funeral Home - Waverly	
DATE REC'D BY LOCAL REG. Sept. 12-1956		REGISTRAR'S SIGNATURE Clayton J. Lawrence	

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

154-0

SEP 19 1956

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 *Morris D. Bailey*.....

Licensed Embalmer No. *428*.....

P. O. Address *W. Bailey*.....

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.