

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013151
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 62

300
1-57
051
0

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> <u>0051</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monett,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Vicent Hosp.</u>		Length of stay in 1b <u>32 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>304 1/2 Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>G.</u> Last <u>Reno</u>			4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1958</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 18 1887</u>
9. AGE (In years last birthday) <u>70</u>		10. F UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>New Castle Penn. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Benjamin Reno</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Reno</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-09-1744</u>	17. INFORMANT Address <u>Rose Reno Monett, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis (rt Anterior Cerebral Artery), 34 hrs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>34 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis and shock following multiple injuries sustained when struck by automobile</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) <u>Simple fractures multiple ribs, rt tibia containing both leg shaft, wrist, dislocation of sacroiliac joint</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Struck by automobile while crossing an alley</u>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Struck by automobile while crossing an alley</u>	
20c. TIME OF INJURY Hour <u>1:00 p.m.</u> Month <u>4</u> Day <u>3</u> Year <u>58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Monett, Mo</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Monett Barry Mo</u>	
20g. COUNTY <u>Barry</u> STATE <u>Mo</u>		21. I attended the deceased from <u>4-3-58</u> , to <u>4-4-58</u> and last saw him alive on <u>4-4-58</u> Death occurred at <u>9:45 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>F. L. Edwards M.D.</u> (Degree & title)		22b. ADDRESS <u>Monett, Mo</u>	22c. DATE SIGNED <u>4-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 7. 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>	23d. LOCATION (City, town, or county) (State) <u>Near Monett, Missouri</u>
24. FUNERAL DIRECTOR <u>Bennett & Wormington</u> ADDRESS <u>Monett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Mo. O. N. Cook</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 458-84

DATE REC. 4-14-58

APR 22 1958

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 *Howard Bennett*

Licensed Embalmer No. 4213
P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.