

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035158
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED OCT 6 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp.			Length of stay in lb 5 hours	d. STREET ADDRESS (If outside, give location) 804 N Lincoln			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARY First HARRIETT Middle RENNO Last				4. DATE OF DEATH Sept. 27, 1958 Month Sept. Day 27 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1903		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Mo. State School			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gentry County, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Bogue				14. MOTHER'S MAIDEN NAME Electie Hulet			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Marshall Wm. L. Renno. 804 N Lincoln			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pt. Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial hypertension DUE TO (c) 331X							INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Marshall Saline Mo.		COUNTY Saline	STATE Mo.
21. I attended the deceased from Mon. 30 1949 to Sept. 27 and last saw her alive on 9-27-58 Death occurred at 9:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter M.D. (Degree or title)				22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 9-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-1-1958	23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery		23d. LOCATION (City, town, or county) (State) Gentry, Co, Missouri		
24. FUNERAL DIRECTOR Lucy Reser ADDRESS Marshall				25. DATE RECD. BY LOCAL REG. 9-29-58		26. REGISTRAR'S SIGNATURE Carl G. Read	

(Licensed Embalmer's Statement on Reverse Side)

No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-56

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 *Jack W. Riser*

Licensed Embalmer No. *46*

P. O. Address *Muskogee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.