

**JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS OCT 31 1960

**-60-037789**  
 STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 162

NEED

|   |  |   |  |  |  |   |             |
|---|--|---|--|--|--|---|-------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u> |  |   |             |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>NORTH KANSAS CITY, Mo.</u>  |  | Length of stay in 1b<br><u>10 days</u>  |  | c. CITY OR TOWN <u>KANSAS CITY 18</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |             |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>NORTH KANSAS CITY HOSPITAL</u>  |  |   |  | d. STREET ADDRESS (If outside, give location)<br><u>LAKEVIEW TRAILER COURT</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |             |
| 3. NAME OF DECEASED (Type or print)<br>First <u>MARVIN</u> Middle <u>THOMAS</u> Last <u>RENNER</u>  |  |   | 4. DATE OF DEATH<br>Month <u>10</u> - Day <u>14</u> - Year <u>60</u> |  |  |   |             |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-4-1925</u>                                  | 9. AGE (last birthday)<br><u>35</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR.<br>Hours _____ Min. _____   |             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Mech. &amp; WELDER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>J.A. TOBIN CONST. Co.</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |             |
| 13a. FATHER'S NAME<br><u>F. H. RENNER</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Polly Garrett</u>                    |  | 14. NAME OF HUSBAND OR WIFE<br><u>DOROTHY RENNER</u>   |   |             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>  |  | 16. SOCIAL SECURITY NO.<br><u>499-24-6758</u>   |  | 17. INFORMANT<br><u>DOROTHY RENNER</u><br>Address _____  |  |   |             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>PULMONARY edema.</u>   |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week.</u>                                    |             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Hyper tensive Heart Disease.</u>  |  |   |  |  |  | <u>2 years.</u>   |             |
| DUE TO (c) <u>MALIGNANT hypertension</u>  |  |   |  |  |  | <u>2 years</u>  |             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>uremia</u>  |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |             |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 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<br>Hour _____ a.m. _____ p.m.   |  | Month, Day, Year _____  |  |  |  |   |             |
| 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   |  | COUNTY _____  | STATE _____ |
| 21. I attended the deceased from <u>JULY 16, 1960</u> to <u>OCTOBER 14</u> and last saw her/him alive on <u>OCTOBER 13, 1960</u><br>Death occurred at <u>3:25</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |   |             |
| 22a. SIGNATURE<br><u>S. Comar Bates, M.D.</u> (Degree or title)   |  |   | 22b. ADDRESS<br><u>2730 South Main Antioch, Kansas City, Mo.</u>     |  |  | 22c. DATE SIGNED<br><u>10/14/60</u>   |             |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   |  | 23b. DATE<br><u>10-19-60</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Lebanon Cem. Lebanon, Mo.</u>   |  | 23d. LOCATION (City, town, or County) (State)<br><u>Mo.</u>                           |             |
| 24. FUNERAL DIRECTOR<br><u>D. W. NEWCOMER'S SONS K.C., Mo.</u> ADDRESS _____  |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-14-60</u>                      |  | 26. REGISTRAR'S SIGNATURE<br><u>Marquette Hudgens</u>  |   |             |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 45

P. O. Address K. C. 12

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