No. 300
10-48

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9355

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho R.#2
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Neosho R#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 Neosho.
d. STREET ADDRESS (If rural, give location): RR. #2.

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3. NAME OF DECEASED (Type or Print)
a. (First): Rebecca
b. (Middle): Elizabeth
c. (Last): Rentfro

4. DATE OF DEATH (Month) (Day) (Year): March 23 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 18-77
9. AGE (In years last birthday): 71 — If under 1 year: Months 7, Days 12 — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Douglas County Mo.
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Humphrey
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Henry Rentfro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Henry Rentfro
ADDRESS: Neosho, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 7, 1949, *to* Mar 23, 1949, *that I last saw the deceased alive on* Mar 21, 1949, *and that death occurred at* 9:35 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R C Lawson MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 4/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 26, 1949
24c. NAME OF CEMETERY OR CREMATORY: Belfast Cemetery
24d. LOCATION (City, town, or county) (State): Neosho, Mo.

DATE REC'D BY LOCAL REG.: April 2, 1949
REGISTRAR'S SIGNATURE: Melvin C. Bowman
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25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham
ADDRESS: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED Newton C. Health Unit
District Health Officer No.
District File Number 449-63
Date Filed 4-5-47

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.

Signed K. Ly White

Signed .....
Student Embalmer

Licensed Embalmer No. 4240

P. O. Address Neosho 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.