

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23993

State File No. _____

FILED AUG 1 1949

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 230

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|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u> | | c. LENGTH OF STAY (In this place) <u>6 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u> | | | d. STREET ADDRESS (If rural, give location) <u>Route 1</u> | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Renfro</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1949</u> | | |
|--|--|--|---|--|--|

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|--------------------|-------------------------------|---|--|---|-----------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 13, 1904</u> | 9. AGE (In years last birthday) <u>44</u> | # UNDER 1 YEAR Months | # UNDER 1 MIN. Hours |
|--------------------|-------------------------------|---|--|---|-----------------------|----------------------|

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|---|--|-----------------------------------|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Pollard, Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
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| 13a. FATHER'S NAME <u>Marvin Lee Renfro</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leathe Elkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maybelle Renfro</u> | |
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| 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>382-10-7995</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. McMichael, Record Clerk, Mo. State San Mt. Vernon, Missouri</u> | | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured appendix</u> DUE TO (c) <u>Intestinal obstruction</u> II. OTHER SIGNIFICANT CONDITIONS (10) <u>Gangrene small intestine</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>over 2 wks</u> <u>over 10 days</u> <u>5-5-49</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |

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|--|--|--|--|---|--|
| 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 <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 July 9, 1949, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 1:40 am., from the causes and on the date stated above.

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|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>P. O. Brushier M.D.</u> | | 23b. ADDRESS <u>Mout Vernon, Missouri</u> | | 23c. DATE SIGNED <u>7-15-49</u> | |
|---|--|---|--|---------------------------------|--|

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|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>July 17-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Married Care</u> | 24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo.</u> |
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|---|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>7-16-49</u> | REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u> | ADDRESS <u>M. Vernon, Mo.</u> |
|---|--|--|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 749-839

Date Filed 7-18-49

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 _____

May L. Fossett

Signed _____

Student Embalmer

Licensed Embalmer No. 4252

P. O. Address _____

McDonough, 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.