

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38122**

FILED NOV 25 1950

BIRTH NO. _____ REG. DIST. NO. **293** PRIMARY REG. DIST. NO. **4443** Registrar's No. **53**

880

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) Depot Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Depot Street			

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3. NAME OF DECEASED (Type or Print) a. (First) Forest b. (Middle) W. c. (Last) Renfro			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1950		
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 2, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (State or foreign country) Huntsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Rucker	13b. MOTHER'S MAIDEN NAME Lucy Miller	14. NAME OF HUSBAND OR WIFE don't know
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME William E. Rucker; Huntsville, Mo	ADDRESS Huntsville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon		
	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.			153X

19a. DATE OF OPERATION 10/26/50	19b. MAJOR FINDINGS OF OPERATION Cancer of Descending Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)	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 **Oct 3, 1950**, to **Nov 1, 1950**, that I last saw the deceased alive on **Nov 1st, 1950**, and that death occurred at **4:41 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Mr. Dreyer M.D.	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 11/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/7/1950	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. 11-18-50	REGISTRAR'S SIGNATURE Miss L.A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville, Mo
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Date Received: NOV 20 1960
DISTRICT HEALTH OFFICE #2
District File Number 11-50
Date Filed: NOV 22 1960

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
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.