

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31827**
3916

FILED SEP 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>45 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>4417 TRACY AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4417 TRACY AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>4417 TRACY AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERTA</u>			b. (Middle) <u>GREGG</u>		c. (Last) <u>RENFRO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 2 1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 16, 1889</u>		9. AGE (In years last birthday) <u>63</u>	10. MONTHS <u>6</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME - STENOGRAPHER WAREHOUSE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CROOKS TERMINAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BONSBUTE CO. NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ELIJAH GREGG</u>		13b. MOTHER'S MAIDEN NAME <u>EVELINA RICHARDSON</u>		14. NAME OF HUSBAND OR WIFE <u>ROY L. RENFRO</u>			
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>500-14-1730</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn M. Sherrod</u> ADDRESS <u>4417 Tracy Ave. Kansas City, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC BRONCHO-PNEUMONIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>29 HRS.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u>					<u>8 YRS.</u>
		DUE TO (c) <u>CEREBRAL ARTERIOSCLEROSIS</u>					<u>8 YRS.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>					<u>8 YRS.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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) <u>KANSAS CITY JACKSON - Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>FEB. 7</u> , 1952, to <u>SEPT. 2</u> , 1952, that I last saw the deceased alive on <u>AUGUST 24</u> , 1952, and that death occurred at <u>2:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ruth A. Hardacre</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4247 Troost - K.C., Mo.</u>		23c. DATE SIGNED <u>9-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT. 4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer's Sons</u> ADDRESS <u>7331 BRUSH CREEK Kansas City, Mo.</u>		

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

Nov 10 1949

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 Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address Lashland, 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.