

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21324**

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| BIRTH NO. FILED JUN 29 1953 | | REG. DIST. NO. 128 | PRIMARY REG. DIST. NO. 2000 | Registrar's No. 603 |
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Springfield | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 928 N. Douglas | | e. STREET ADDRESS (If rural, give location) 928 N. Douglas 0396 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CLARA | | b. (Middle) J. | c. (Last) RENFRO | 4. DATE OF DEATH (Month) (Day) (Year) June 24 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 3 July 1873 | 9. AGE (in years last birthday) 79 IF UNDER 1 YEAR Days IF UNDER 4 HRS. 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 In Home | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Preston Gilmore | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Fox (Daughter) Springfield, Mo. | |
| 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH Sustant Several years |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 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) | |
| 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 June 23, 1953 , to June 24, 1953 , that I last saw the deceased alive on June 23, 1953 , and that death occurred at 2:30A m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Don J. Silsby M.D. (Degree or title) | | 23b. ADDRESS Springfield Mo | | 23c. DATE SIGNED 6-25-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-27-53 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Ceme. | 24d. LOCATION (City, town, or county) (State) Springfield Mo | |
| DATE REC'D BY LOCAL REG. 6-26-53 | REGISTRAR'S SIGNATURE Edith Williams | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. SPRINGFIELD, MO. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
May Rhoads

Licensed Embalmer No. 40

P. O. Address.....
Spring

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