

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8383

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1026

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 36yrs

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3819 East 9th St. Terr

STREET ADDRESS (If rural, give location) 3819 East 9th St. Terr 3198

3. NAME OF DECEASED
a. (First) William b. (Middle) Crawford c. (Last) Renfro

4. DATE OF DEATH (Month) 3 (Day) 1955 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 6, 1881

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and State or Foreign Country) Clinton Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Asa Frank Renfro

13b. MOTHER'S MAIDEN NAME Mary Overshiner

14. NAME OF HUSBAND OR WIFE Elizabeth Anna Renfro

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. 490-24-0193

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Anna Renfro 3819 E 9th St. Terr

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas
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
4-5 mth
157h

18. 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) (Min.)

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 11-1, 1954, to 3-5, 1955 that I last saw the deceased alive on 3-1, 1955, and that death occurred at 10:10A m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Haight (Degree or title)

23b. ADDRESS 3401 E 12th K.C. Mo

23c. DATE SIGNED 3-6-55

24a. BURIAL CREMATION (REMOVAL) (Specify) Burial

24b. DATE March 7, 1955

24c. NAME OF CEMETERY OR CREMATORY Englewood

24d. LOCATION (City, town, or county) (State) Clinton Mo.

DATE REC'D BY LOCAL REG. 3-7-55

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Funeral Home Kansas City Mo

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

Cause of death
metastatic carcinoma of liver
secondary to carcinoma of pancreas

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.....

Joe B. Yoder

Licensed Embalmer No. *417*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.