

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. **36501**

BIRTH NO. _____		REG. DIST. NO. <b>118</b>		PRIMARY REG. DIST. NO. <b>4189</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROSEBUID MO.</b>		c. LENGTH OF STAY (In this place) <b>20yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rosebud mo 70</b>		d. STREET ADDRESS (If rural, give location) <b>000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Her home</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMME LEE</b> b. (Middle) <b>CURTMAN</b> c. (Last) <b>RENFROW</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 23-1955</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Apr-14-1887</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Missionary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religious</b>		11. BIRTHPLACE (State or foreign country) <b>Marion County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Parker</b>			13b. MOTHER'S MAIDEN NAME <b>Marquita Entenbistler</b>			14. NAME OF HUSBAND OR WIFE <b>Osias Renfrow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>488-40-0971</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Tom Head, Rosebud Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>174X</b>			
ANTECEDENT CAUSES <b>5 ulcers</b>				DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>I</b>				DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adeno Carcinoma 7 ulcers</b>				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) 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 <b>11-7, 1955</b> to <b>11-22, 1955</b> ; that I last saw the deceased alive on <b>11-25, 1955</b> , and that death occurred at <b>11:54 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) of <b>Chas. Schmidt, M.D.</b>				23b. ADDRESS <b>General P. M.</b>		23c. DATE SIGNED <b>11-26-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-27-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lansson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dixon Mo</b>	
DATE REC'D BY LOCAL REG. <b>November 28, 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. Marvin Jappmeyer</b>		473		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Wm. Meyer, Gerald Mo</b>	

DL-2-50-1396

**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 Stanley E. Shroyer

Licensed Embalmer No. 4639

P. O. Address Small, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.