

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24510**

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Granby		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hosp. Stella, Mo.				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Robert Nelson Renfro			a. (First) Robert b. (Middle) Nelson c. (Last) Renfro			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 3, 1898	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 Min. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and State or Foreign Country) Granby, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Nelson Renfro			13b. MOTHER'S MAIDEN NAME Emma Courtney			14. NAME OF HUSBAND OR WIFE Mary Agnes 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. 492-12-5233		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Renfro ADDRESS Granby, Missouri			
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.						INTERVAL BETWEEN ONSET AND DEATH 8 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis							
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.							
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)		002X	
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 9-13- , 1948 , to 7-18- , 1956 , that I last saw the deceased alive on 7-18- , 1956 , and that death occurred at 2 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Cardwell M.H.O. (Degree or title)				23b. ADDRESS Stella, Missouri		23c. DATE SIGNED 7-24-56	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-1956		24c. NAME OF CEMETERY OR CREMATORY Granby, Memorial Ceme. Granby, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-1-1956		REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE Floyd E. Skunked. Granby, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 856-126
Date Filed AUG 8 1956

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 Floyd E. Starnob

Licensed Embalmer No. 4423
Box 58
P. O. Address Granby,

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.