

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16850

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5510 Registrar's No. 465

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>					
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Farmview Twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Clinton Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3 mi S.W. Deywater</i>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>RR#5</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>HALLAH</i> Middle <i>EYNEST</i> Last <i>RENFRO.</i>				4. DATE OF DEATH Month <i>May</i> Day <i>10</i> Year <i>1957</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>March 19, 1878</i>		9. AGE (In years last birthday) <i>79</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>		11. BIRTHPLACE (City and state or country) <i>Leesville Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.-P</i>		
13. FATHER'S NAME <i>Raney Lee Renfro</i>				14. MOTHER'S MAIDEN NAME <i>Mauda Ann Hudson</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No.</i>			16. SOCIAL SECURITY NO. <i>48-407438</i>		17. INFORMANT <i>Lena May Renfro</i>			Address <i>RR#5 Clinton</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Instantaneous</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>4201</i>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:00 a.m. arrival - 3:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>W. B. Bradshaw, M.D. (Coroner)</i>				22b. ADDRESS <i>Clinton, Mo.</i>				22c. DATE SIGNED <i>5-13-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>5/13/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Englewood Cem</i>		23d. LOCATION (City, town, or county) <i>Clinton Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Hickman & Dunning</i>				ADDRESS <i>Clinton</i>		25. DATE RECD. BY LOCAL REG. <i>5-13-57</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert L. Dunbar*

Licensed Embalmer No. *147*

P. O. Address *Clinton*

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.