

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006173

STATE FILE NUMBER 12

FILED FEB 26 1959

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 12

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-57

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY JEFF		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO (CENTRAL) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN HILLSBORO ⁰⁵⁷⁰ ₀ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION CASTLE ACRES N. Home Length of stay in lb		d. STREET ADDRESS (If outside, give location) CASTLE ACRES HOME Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUIS Middle LEE Last RENFROW			4. DATE OF DEATH Month FEB. Day 14 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 28 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY U.S. MARINE CORPS	11. BIRTHPLACE (City and state or country) QUINCY ILL. 1
13a. FATHER'S NAME WARREN RENFROW		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ANNA RENFROW
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. NONE	17. INFORMANT L.H. RENFROW Address ARLINGTON, VIRGINIA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident			INTERVAL BETWEEN ONSET AND DEATH sudden
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 (a) Gen. arterio-sclerosis.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> no		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 <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 Nov 3, 1958 to Feb 14, 59 and last saw him alive on Jan 25, 59. Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Maev. Neffmarty M.D. (Degree or title)		22b. ADDRESS De Sob, Mo.	22c. DATE SIGNED Feb 14, 59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 16 1959	23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS	23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.
24. FUNERAL DIRECTOR ZIEGENHEIN BROS. ADDRESS ST. LOUIS Mo		25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE Olta B. ...

FEB 26 1959

DATE RECEIVED
FEB 24 1959

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 *Donnell B. [Signature]*

Licensed Embalmer No. *4104*

P. O. Address *Left no*

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.