

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013855

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 22

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 checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HILLSBORO 0500 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 Length of stay in 1b 1 YR.		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 ANNA Middle MILDRED Last RENFROW			4. DATE OF DEATH Month APR. Day 11 Year 1959		
5. SEX F 1	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 27 1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME JOSEPH HOHER			14. MOTHER'S MAIDEN NAME MARTHA (UNK.)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT GEN. L. H. RENFROW Address WASHINGTON D. C.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH years
DUE TO (b) renal disease		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 0

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.) 442X	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from **Sept 1, 1958** to **April 11, 1959** and last saw her alive on **3 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don V. Jeffin (Degree or title) M. D.	22b. ADDRESS Desoto, Mo.	22c. DATE SIGNED April 11, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 13 1959	23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS	23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo.
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24. FUNERAL DIRECTOR ZIEGENHEIN BROS. ADDRESS ST. LOUIS MO.	25. DATE RECD. BY LOCAL REG. 4/11/59	26. REGISTRAR'S SIGNATURE Clara B. ...
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

lib. office vice 00 56 4

APR 20 1959

APR 31 1959

DALE
APR 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald B. Dietz*.....

Licensed Embalmer No. *416*

P. O. Address *Detroit*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.