URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-007065

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 23

ENDED

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marionville — Length of stay in 1b: 1 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Methodist Home For The Aged — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: Humansville, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Amanda Middle: Pearl Last: Renfrow
4. DATE OF DEATH: Month: February Day: 13 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 6, 1883
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Post Mistress
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (City and state or country): Humansville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Joseph Renfrow
13b. MOTHER'S MAIDEN NAME: Ruey Ann Bennett
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Methodist Home for the aged, Marionville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage, Cerebral, Massive — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Occlusion, Artery, Cerebral — 10 days
DUE TO (c): Atherosclerosis, cerebral — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 February 1, 1960 to February 12, 1960 and last saw her alive on February 12, 1960
Death occurred at 2:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bennett L. Kelsey M.D.
22b. ADDRESS: Aurora Mo.
22c. DATE SIGNED: 2/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
23d. LOCATION (City, town, or county) (State): Humansville, Missouri

24. FUNERAL DIRECTOR: J. B. Surridge ADDRESS: Marionville, Mo.
25. DATE RECD. BY LOCAL REG.: 2-16-1960
26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William A. Fulks

Signature of Student Embalmer

Licensed Embalmer No. 4658

P. O. Address Marionwil

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