

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014093

FILED VS APR 18 1960

10 Primary Registration District No. 3002 Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Audrain</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Cole</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hosp.</b>		Length of stay in 1b <b>10 Days</b>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Robert</b>		Middle <b>Cochran</b>		Last <b>Renfrow</b>		Month Day Year <b>April 11, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-23-96</b>	9. AGE (last birthday) <b>64</b>	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) <b>Railroad Brakeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Cooper Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John C. Renfrow</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Lane</b>			14. NAME OF HUSBAND OR WIFE <b>Ethel Mae Pettit</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW # 1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Box # 193</b> <b>Mrs. Ethel Renfrow Jefferson City.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<b>Myocardial Infarction</b>					<b>1 wk</b>
DUE TO (b)		<b>Atherosclerotic Heart Disease</b>					<b>years</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)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Mild anemia secondary to postoperative hemorrhage</b>							
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 Month, Day, Year a.m. p.m.							
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 <b>Apr 2 1960</b> to <b>Death</b> and last saw her alive on <b>4-10-60</b> Death occurred at <b>7:15 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Edward H. [Signature] MD</b>				22b. ADDRESS <b>Mexico Mo</b>		22c. DATE SIGNED <b>4-11-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem. Park</b>		23d. LOCATION (City, town, or county) <b>Mexico, Mo.</b>			
24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>		ADDRESS <b>310 S. Wash. Mexico, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 12-1960</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAY 2 1960

MS MAY 2 1 1960

MAY 12 1960

APR 21 1960  
R 19 1960

**STATEMENT BY LICENSED EMBALMER**

APR 21 1960

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 \_\_\_\_\_

Signature of Student Embalmer

Signed Richard J. McNeil

Licensed Embalmer No. 482

P. O. Address Medina

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.