ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036729

ARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 138

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains | Length of stay in 1b 14 yrs. | c. CITY OR TOWN West Plains, Mo. | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 213 Thayer | Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) 213 Thayer | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Eva Middle Emmaline Last Renfro

4. DATE OF DEATH Month 9 Day 24 Year 1961

5. SEX F | 6. COLOR OR RACE wht | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 8-30-1889 | 9. AGE (last birthday) 72 yrs. | 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) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Howell Co., Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John Clifton | 13b. MOTHER'S MAIDEN NAME Nancy Fish | 14. NAME OF HUSBAND OR WIFE Ambrose Renfro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT A. L. Renfro, West Plains, Mo. Address

MEDICAL CERTIFICATION

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)	Cerebral thrombosis	1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs.
DUE TO (c)	Arteriosclerotic heart disease	10 yrs.

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 6/7/61 to and last saw her alive on 9/23/61

Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. L. Callihan (Degree or title) M.D. | 22b. ADDRESS West Plains, Mo | 22c. DATE SIGNED 10-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) B | 23b. DATE 9-25-1961 | 23c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Brandsville, Mo.

24. FUNERAL DIRECTOR, ADDRESS Robertson's, West Plains, Mo. | 25. DATE RECD. BY LOCAL REG. 10-9-61 | 26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

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.