

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005483

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1327

FILED FEB 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 183 Days	c. CITY OR TOWN Bloomfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLEBURNE Middle LEROY Last RENFROE			4. DATE OF DEATH Month Feb. Day 16 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 73
13a. FATHER'S NAME David Renfroe		13b. MOTHER'S MAIDEN NAME Annie Foster	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of war) Yes WWI		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION		17. INFORMANT VA. Hospital Records, Poplar Bluff, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH - - - -	
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		- - - -	
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
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 a.m. p.m. Month, Day, Year		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 8-17-62 to 2-16-63 and last saw him alive on 2-16-63 . Death occurred at 3:20AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Cohen M.D. Chief, Med. Sec.		22b. ADDRESS VA. Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 2-18-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 16-63	23c. NAME OF CEMETERY OR CREMATORY Oakridge cemetery	23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
24. FUNERAL DIRECTOR Chiles Und. Co. Bloomfield, Mo.		25. DATE RECD. BY LOCAL REG. 2-18-1963	26. REGISTRAR'S SIGNATURE Thelma Graham

USE BLACK INK OR TYPEWRITER RIBBON

FEB 27 1963

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,

& by Lulu Cooper # 3499 Student ~~Embalmers No.~~

~~working under my personal supervision.~~

Student _____
Signature of Student Embalmer

Signed Lulu C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, 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.