

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 31

68
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> <u>Lincoln</u> <u>Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. COUNTY <u>Missouri</u> <u>Moniteau</u> <u>Cooper</u> <u>bx</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wooldridge, Rural.</u> <u>WSP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wooldridge Rural</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Moniteau County.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home.</u> <u>1</u>			

3. NAME OF DECEASED (Type or Print) <u>Jerry</u>	a. (First)	b. (Middle)	c. (Last) <u>Renfrow.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>1</u> <u>1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 20th 1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James P. Renfrow</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa M. Gann</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ida (Moore) Renfrow.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Renfrow.</u> ADDRESS <u>Wooldridge, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wooldrige, Mo. Moniteau Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1948, to Jan 1, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.E. Stone M.D. U</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>Jan 4, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7-1949</u>	REGISTRAR'S SIGNATURE <u>Gada M. Snow</u> <u>199</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller</u> ADDRESS <u>Boonville, Mo.</u>
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Date Filed _____
District File Number _____
JAN 10 1949

Director Health Officer No. 9,

RECEIVED

FEB 23 1949

FEB 11 1949

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
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.