

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18255

State File No.

97
1
2

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

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Saline</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Saline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall, Mo.</u>	
b. CITY OR TOWN <u>Marshall, Mo.</u>		c. CITY OR TOWN <u>Rural 11</u>		d. STREET ADDRESS (If rural, give location) <u>B.F.D. 1 (8 miles So Marshall)</u>		e. LENGTH OF STAY (in this place) <u>19 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>				3. NAME OF DECEASED			
a. (First) <u>Donald</u>		b. (Middle) <u>Monroe</u>		c. (Last) <u>Renfrow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 4-1939</u>	
9. AGE (In years last birthday) <u>10</u>		10. MONTHS <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City-Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>5th. grade teacher</u>		13a. FATHER'S NAME <u>Pete Monroe Renfrow</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Rose Isley</u>	
13c. SOCIAL SECURITY NO. <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None-Child</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Pete M. Renfrow-Marshall, Mo. #1</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		18. CAUSE OF DEATH			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>				<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>1 wk</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Acute Nephritis</u>					
		DUE TO (c) <u>Following Congenital Fr. left arm</u>				<u>3 Weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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>592X</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 <u>May 5th, 1949</u> , to <u>June 1st, 1949</u> , that I last saw the deceased alive on <u>June 1st, 1949</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Richard W. Gray, M.D.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>6/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Tick</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo #1</u>	
DATE REC'D BY LOCAL REG. <u>June 3-1949</u>		REGISTRAR'S SIGNATURE <u>Ridney T. Gray, 385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lechi Burson, Marshall Mo</u>			

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District Health Officer No. 2,

District File Number _____

Date Filed 6-8-49

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 J. Leslie Swearing
Licensed Embalmer No. 32350

P. O. Address Marshall, Tex.

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.