

FILED APR 17 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY			
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON		8432	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1513 LULU STREET				d. STREET ADDRESS (If rural, give location) 1513 LULU STREET			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
ROGER						RENFRO	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)	
APRIL 9, 1951		MALE		WHITE		MARRIED	
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
MAY 18, 1891		59		10 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD				10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) GRUNDY COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME MARCELLIS RENFRO		13b. MOTHER'S MAIDEN NAME JANE MASTERS		14. NAME OF HUSBAND OR WIFE GOLDIE ELLIOTT RENFRO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W W I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GOLDIE RENFRO TRENTON, MISSOURI			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Feb 5, 1951</u> , to <u>9 April, 1951</u> , that I last saw the deceased alive on <u>9 April, 1951</u> , and that death occurred at <u>11:55P</u> , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Lewis (Degree or title) M.D.				23b. ADDRESS TRENTON, MISSOURI		23c. DATE SIGNED April 11, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/12/51		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE		24d. LOCATION (City, town, or county) (State) TRENTON, GRUNDY, MO.	
DATE REC'D BY LOCAL REG. 4-11-51		REGISTRAR'S SIGNATURE Jane Renfro		25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Sigeon ADDRESS TRENTON, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1951

APR 18 1951

APR 21 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles D. Lyman

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address TRENTON, MISSOURI

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.