

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19778

6-7-51
REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5340 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Smith twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Smith Twp.		0790
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) Perry	b. (Middle) Clay	c. (Last) Renfro	4. DATE OF DEATH (Month) (Day) (Year) 6-4-51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Dade Co Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Clay Renfro		13b. MOTHER'S MAIDEN NAME Laura Miller		14. NAME OF HUSBAND OR WIFE Carrie Renfro	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Carrie Renfro So Greenfield Mo.			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9021 3				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Smith Twp Dade Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 51 3p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall from waggon			
22. I hereby certify that I attended the deceased from 6-4-1951 , to 6-4-1951 , that I last saw the deceased alive on 6-4-1951 , and that death occurred at 6:35p m. , from the causes and on the date stated above.					
23a. SIGNATURE Max Heilbrunn MD			23b. ADDRESS Lockwood, Mo		23c. DATE SIGNED 6-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-6-51	24c. NAME OF CEMETERY OR CREMATORY Pennsboro	24d. LOCATION (City, town, or county) (State) Dade Co Mo		
DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE Lee L Meier 79		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R.Allison Greenfield Mo.		

(Licensed Embalmers' Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 11 1951

Dist. File 621-1302

Date Filed 6-11-51

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.....
Student Embalmer

Signed W.R. Allison.....

Licensed Embalmer No 4404.....

P. O. Address Springfield.....

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.