

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45029

State File No. ....

No. 300  
10. 48

**FILED FEB 16 1954**

BIRTH NO. .... REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 5

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>DUNKLIN</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SENATH</b> c. LENGTH OF STAY (in this place) <b>30 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SENATH</b> d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>TINIA RENFRO</b> a. (First) <b>TINIA</b> b. (Middle) <b>RENFRO</b> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 22, 1953</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR, OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>MAY 7, 1883</b>
<b>9. AGE</b> (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>15</b> IF UNDER 2 HRS. Hours <b>15</b> Min.	<b>11. BIRTHPLACE</b> (State or foreign country) <b>BLOOMFIELD, MISSOURI</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>NONE</b>	
<b>13a. FATHER'S NAME</b> <b>IZAREH KEITH</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>SARAH E. KEITH</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NONE</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>MRS ALICE BONE SENATH, MISSOURI</b>			
<b>18. CAUSE OF DEATH</b> 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.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <i>Mammmary Carcinoma</i> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Jan 10, 1953</u>, to <u>July 22, 1953</u>, that I last saw the deceased alive on <u>July 22, 1953</u>, and that death occurred at <u>4:30 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <i>D. J. Masterson</i>		<b>23b. ADDRESS</b> <i>Senath, Mo</i>	
<b>23c. DATE SIGNED</b> <b>7-10-54</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>24b. DATE</b> <b>JULY 24, 1953</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>McGREW CEMETERY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>SENATH, DUNKLIN, MISSOURI</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>1-30-54</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Mrs J. H. Lane</i>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Erlyn L. Heath</i>		<b>ADDRESS</b> <b>BRAGG, ARKANSAS</b>	

**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 Wesley L. Heath

Licensed Embalmer No. 543

P. O. Address Paragould, Ark.

**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.