No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20280

BIRTH NO. FILED JUL 13 1956 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 410 E 10th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Grundy
c. CITY OR TOWN Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 410 E 10th St. 0402

3. NAME OF DECEASED (Type or Print)
a. (First) Louella
b. (Middle) Jane
c. (Last) Rentfrow

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 26, 1875
9. AGE (In years last birthday) 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Grundy County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John S. Kilburn
13b. MOTHER'S MAIDEN NAME Elizada Kilburn
14. NAME OF HUSBAND OR WIFE Georgew Rentfrow (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Floyd Rentfrow — ADDRESS Trenton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Infection - Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis Deformans — 17 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 492X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 22, 1956, *to* June 25, 1956 *that I last saw the deceased alive on* June 26, 1956, *and that death occurred at* 5:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE E. A. Duffy (Degree or title) M.D.
23b. ADDRESS Trenton Mo
23c. DATE SIGNED June 27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/27/56
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) Trenton (State) MO

DATE REC'D BY LOCAL REG. 6-28-56
REGISTRAR'S SIGNATURE Irene Farr
25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackmore — ADDRESS Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L Roberts

Licensed Embalmer No. 492

P. O. Address Junton, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.