

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027787

FILED VS. JUL 21 1960 267

Registration District No. 3049 Primary Registration District No. 125 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) Hayti		Length of stay in 1b 5 hrs.		c. CITY OR TOWN Portageville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Hayti, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carlton Middle Ray Last Renfro				4. DATE OF DEATH Month July Day 9 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Inf <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-12-58	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Inf.		11. BIRTHPLACE (City and state or country) Ridgely, Tenn		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jack Renfro			13b. MOTHER'S MAIDEN NAME Viola Froshe		14. NAME OF HUSBAND OR WIFE --		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Jack Renfro Portageville, Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Meningitis due DUE TO (b) Acute Fluminating Infection DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8 July 1960 to 9 July 1960 and last saw him live on 9 July 1960 Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Andrew E Painter MD				22b. ADDRESS 723 King St Portageville Mo		22c. DATE SIGNED 11 July 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9, 1960	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery		23d. LOCATION (City, town, or county) (State) Portageville, Missouri			
24. FUNERAL DIRECTOR DeLishe Funeral Home Portageville, Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 7-18-1960		26. REGISTRAR'S SIGNATURE Charlotta E. Sloan		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.