

Dr. Hahn  
**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=62-026776**  
 STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 1191

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED AUG 13 1962**

1. PLACE OF DEATH  
 a. COUNTY **GREENE**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **SPRINGFIELD** Length of stay in 1b **38 YRS.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHN'S HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **GREENE**  
 c. CITY OR TOWN **SPRINGFIELD** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2541 WALLIS SMITH** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **LENA RENFRO**  
 4. DATE OF DEATH Month Day Year **AUG. 3 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **8/3/90** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 country) **FT. WORTH, TEXAS** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **WILLIAM J. ELLIS** 13b. MOTHER'S MAIDEN NAME **LILLY MORRIS** 14. NAME OF HUSBAND OR WIFE **GRADY R. RENFRO**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO.  
 17. INFORMANT Address **GRADY R. RENFRO, SPRINGFIELD, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Pulmonary embolism** INTERVAL BETWEEN ONSET AND DEATH **minutes**  
 DUE TO (b) **Thrombosis of vena cava** **2 days**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), and (c). **Diabetes mellitus, Arteriosclerotic heart disease, i coronary failure, generalized arteriosclerosis**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 11/2/59 to death and last saw her alive on 8/3/62  
 Death occurred at 12; NOON m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Andrew Hahn MD** 22b. ADDRESS **Springfield mo** 22c. DATE SIGNED **8/3/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **8/6/62** 23c. NAME OF CEMETERY OR CREMATORY **HAZELWOOD** 23d. LOCATION (City, town, or county) (State) **SPRINGFIELD, MO.**

24. FUNERAL DIRECTOR ADDRESS **H.H. LOHMEYER FUNERAL HOME**  
**SPRINGFIELD, MO.** 25. DATE RECD. BY LOCAL REG. **8-8-62** 26. REGISTRARS SIGNATURE **Effie S. Melton**

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucian T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo

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.

*Permit*

*May 4, 1962*