

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29855**

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5315** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper.	
b. CITY (If outside corporate limits, write RURAL and give township) Saline Township		c. CITY (If outside corporate limits, write RURAL and give township) Boonville,	
c. LENGTH OF STAY (In this place) 2 Years		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.			

3. NAME OF DECEASED (Type or Print)	a. (First) Sophia	b. (Middle) Louisa Mills	c. (Last) Renfrow.	4. DATE OF DEATH (Month) (Day) (Year) September 26 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 25 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Charles T. Mills	13b. MOTHER'S MAIDEN NAME Roxie Chipley	14. NAME OF HUSBAND OR WIFE George Renfrow
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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'S SIGNATURE OR NAME George Renfrow, ADDRESS Boonville, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive - Arteriosclerotic Cardiovascular Disease with Congestive Failure		5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 20, 1947**, to **9-26-51**, 19____, that I last saw the deceased alive on **8-20-51**, 19____, and that death occurred at **10:25 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 9/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 28 1951	24c. NAME OF CEMETERY OR CREMATORY Copp's Chapel	24d. LOCATION (City, town, or county) (State) Moniteau County, Mo.
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DATE REC'D BY LOCAL REG. Oct 5-51	REGISTRAR'S SIGNATURE U. T. Meredith	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, ADDRESS Boonville, Mo.
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RECEIVED 10-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-6-51

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 _____

Student Embalmer No. 433

working under my personal supervision.

Student F. William Kasmann
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.