No. 300
10.48

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27332

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4291 Registrar's No. 18

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

1. PLACE OF DEATH
a. COUNTY: LINCOLN Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OLD MONROE
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): 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ST CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON RR 1
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) MICHAEL c. (Last) McMENAMY

4. DATE OF DEATH (Month) AUG. (Day) 4 (Year) 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED, NEVER~~ MARRIED, ~~WIDOWED, DIVORCED (Specify)~~
8. DATE OF BIRTH: JAN. 21 1914
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GRAIN + STOCK
11. BIRTHPLACE (State or foreign country): O'FALLON Mo RR 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: LEO McMENAMY
13b. MOTHER'S MAIDEN NAME: HAYDEN
14. NAME OF HUSBAND OR WIFE: GENEVIEVE McMENAMY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. MIGNON McMENAMY

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) Accidentally Drowned in Cuivre River

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.*

INTERVAL BETWEEN ONSET AND DEATH: 69298 / 42

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cuivre River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Old Monroe Lincoln Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 4 49 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Turned over in Boat

22. *I hereby ~~certify that I attended~~ the deceased from _____, 19___, to _____, 19___, ~~that I last saw the~~ deceased alive on _____, 19___, and that death occurred at 5 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arden Ellis 3 Coroner
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: Aug 4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 8-1949
24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL
24d. LOCATION (City, town, or county) (State): ST. PAUL Mo

DATE REC'D BY LOCAL REG.: 8/7/49
REGISTRAR'S SIGNATURE: P. C. Newell 016
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E A Keithly O'Fallon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 15 1949
District Health Officer No. 9,
District File Number

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 E A Keithly

Licensed Embalmer No. 822

P. O. Address Fallon 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.