

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27737

196

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6009		Registrar's No. 196	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Salt River)</u>		c. LENGTH OF STAY (In this place) <u>48 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Salt River Township)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Jacksonville, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Jacksonville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Menefee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 20, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 12 HS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Sumpter</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Shirley Menefee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Menefee, Moberly, Mo</u>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis with decompensations</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis-</u>					INTERVAL BETWEEN ONSET AND DEATH <u>several months.</u> <u>several years?</u>
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 31</u> , 19 <u>49</u> , to <u>Sept. 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug. 31</u> , 19 <u>49</u> , and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. E. Huber, M.D.</u>				23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>9/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Randolph County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6 - 49</u>		REGISTRAR'S SIGNATURE <u>Paul W. Bell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>26 Snow</u>		ADDRESS <u>Funeral Home Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 12 1949
District Health Officer No. 10
District File Number 9-49-1585
Date Filed SEP 12 1949

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.

Signed Charles L. Hutton

Signed _____
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Moberly, 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.