

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1827

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Monroe.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Jefferson Township)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ruarl (Jefferson Township)</u>	
c. LENGTH OF STAY (In this place) <u>81 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Mo. R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri. R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie L.</u> b. (Middle) <u>Menefec.</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1950.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Jan. 22, 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Stephen Henry Scobee.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Scobee.</u>	14. NAME OF HUSBAND OR WIFE <u>J. B. Menefec.</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>Mrs Goe Buchanan. Perry, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> 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. <u>156A</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Dec 29, 1949</u> , to <u>Jan 7, 1950</u> that I last saw the deceased alive on <u>Jan 7, 1950</u> and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Brown</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Perry, Missouri.</u>	23c. DATE SIGNED <u>1-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Rolls Co. Missouri.</u>
DATE REC'D BY LOCAL REG. <u>1-12-50.</u>	REGISTRAR'S SIGNATURE <u>J. D. Barnett, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wiley Perry, Mo.</u>	

MAR 22 1950

RECEIVED JAN 16 1950
District Health Officer No
District File Number
Date Filed JAN 16 1950

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 *Clyde Wilkey*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

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.