

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16074**

State File No. ....

No. 300  
10.48

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

**FILED JUN 8 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> OR TOWN <u>Fulton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>R#1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Charles</u> (Middle) <u>Ever</u> (Last) <u>Menefee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 25-1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR (Months) <u>15</u>	IF UNDER 24 HRS. (Days) <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Pleasant Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13a. FATHER'S NAME <u>Thomas James Menefee</u>	
13b. MOTHER'S MAIDEN NAME <u>Minerva Jane Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Kate Nell Menefee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olie Herring</u>		ADDRESS <u>Fulton Mo. RR#1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senile Nephritis</u>	
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"/>			
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) (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>June 1, 1948</u> , to <u>June 2, 1950</u> , that I last saw the deceased alive on <u>6-29</u> , 1950, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.D. Jayne</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>R#6 Fulton Mo</u>	
23c. DATE SIGNED <u>6-8-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 3-1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426	
FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton Mo</u>	

RECEIVED JUN 5 1960  
District Health Officer No. 9,  
District File Number

JUN 12 1960

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 *Genzil E. Browning*

Licensed Embalmer No. *2720*

P. O. Address *Fulton ms*

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.