

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41398

FILED JAN 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Linneus Mo.</u> b. COUNTY <u>Linn Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus Mo.</u> <u>0580</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McClarney</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie Phillips</u> b. (Middle) <u>Menefee</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 6-1870</u>		9. AGE (in years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u> IF UNDER 1 WRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Linn</u>
13a. FATHER'S NAME <u>John C. Menefee</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Sorrell</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. M. 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Dorsey Brookfield Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES <u>3/31/50</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cecum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3.</u>
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) m.	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>8-19</u> , 19 <u>50</u> , to <u>12-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph B. Bohm</u>		23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>12/23/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linneus City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linneus Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-26-50</u>	REGISTRAR'S SIGNATURE <u>W B Erwin</u> <u>167</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J P Brothers</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

587  
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Date Received: JAN 3 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-31  
Date Filed: JAN 10 1951

**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..... *W. R. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Leeds, 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.