S. No. 300
v. 10.48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21162

BIRTH NO. 134 REG. DIST. NO. 208 PRIMARY REG. DIST. NO. 3042 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (In this place): 83 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 South Maple

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown 0621
d. STREET ADDRESS (If rural, give location): 210 South Maple

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) c. (Last) Menteer
4. DATE OF DEATH (Month) (Day) (Year): June 14 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 11, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: — — — —
11. BIRTHPLACE (State or foreign country): Madison Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Robert Menteer
13b. MOTHER'S MAIDEN NAME: Martha Ann Goff
14. NAME OF HUSBAND OR WIFE: Minnie Menteer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Minnie Menteer, Fredericktown, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral Insufficiency — years
DUE TO (c) Cerebral arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* General arteriosclerosis — years

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19__, *to* June 14, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 5:50 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: C. Callaughter (Degree or title) M.D.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: June 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Madison Co. Mo.

DATE REC'D BY LOCAL REG.: 6-16-1952
REGISTRAR'S SIGNATURE: Florence Hicks 187
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Najim Funeral Home, Fredericktown Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0621
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUN 26 1952
FILE No. 652-34

MAR 22 1956

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.