

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9587

State File No. ....

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Sedalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1409 So. Barrett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1409 So. Barrett</u> 0804	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Austin</u>	b. (Middle) <u>Jackson</u>	c. (Last) <u>MeneFee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 15-1922</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>32</u> Days	IF UNDER 24 HRS. Hours <u>32</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office mgr - construction Co</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William J. Menefee</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Catherine Menefee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>World War II</u>	16. SOCIAL SECURITY NO. <u>490-16-5042</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Julia Menefee</u>	ADDRESS <u>Sedalia</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis</u>		<u>1 hr.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage, Left</u>		<u>5 hours</u>
DUE TO (c) <u>Essential Hypertension</u>		<u>7-8 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Two Cerebral Hemorrhages</u>		<u>2 yrs ago</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-21-51, to 3-15-, 1954, that I last saw the deceased alive on 3-15-, 1954, and that death occurred at 1:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.M. Rodeman, M.D.</u>	23b. ADDRESS <u>219 1/2 So. Ohio, Sedalia, Mo.</u>	23c. DATE SIGNED <u>3-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-17-54</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Bridger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1954

MAR 22  
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**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.....  
Signature of Student Embalmer

Signed *James R. Hoben*.....

Licensed Embalmer No. *49*.....

P. O. Address *Sedalia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.