

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15552**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **463**

1. PLACE OF DEATH  
a. COUNTY **Greene**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**  
c. LENGTH OF STAY (In this place) **Enroute**  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **In front of 1610 W Walnut**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Greene**  
c. CITY OR TOWN **Springfield**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **517 South Warren** **0246**

3. NAME OF DECEASED (Type or Print) a. (First) **LEO** b. (Middle) **E.** c. (Last) **MC MENUS** 4. DATE OF DEATH (Month) (Day) (Year) **May 10 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 7, 1900** 9. AGE (In years last birthday) **53** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Wholesale Tobacco Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Phillipsburg, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Faydra McMenus**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **Yes** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Faydra McMenus, Springfield, Missouri** ADDRESS

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) **Myocardial infarction**  
ANTECEDENT CAUSES DUE TO (b) **coronary atherosclerosis** 1 hr.  
DUE TO (c) **arteriosclerosis** 10 yrs  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **4201**

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) **Springfield Greene Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 **Apr 10, 1954** to **May 10, 1954**, that I last saw the deceased alive on **Apr 14, 1954** and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) **D. L. Seligman M.D.** 23b. ADDRESS **609 Cherry St.** 23c. DATE SIGNED **May 11 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 12, 1954** 24c. NAME OF CEMETERY OR CREMATORY **New Hope** 24d. LOCATION (City, town, or county) (State) **Phillipsburg, Missouri**

DATE REC'D BY LOCAL REG. **5-12-54** REGISTRAR'S SIGNATURE **Edith Williamson** FUNERAL DIRECTOR'S SIGNATURE **Jewell E. Winkle** ADDRESS **Springfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

~~NOV 8 1955~~

~~FEB 18 1955~~

MAR 18 1955

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 *Bernard F. Wright*

Licensed Embalmer No. *429*

P. O. Address *Spring*

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.