

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9474

BIRTH NO. _____		REG. DIST. NO. <u>281</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Montgomery City</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Montgomery City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>BAKER</u> c. (Last) <u>Menefee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 25, 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 25, 1887</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert A Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Susan White Graham</u>		14. NAME OF HUSBAND <u>Dr. Buell F. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Buell F. Menefee Montgomery City, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Cause not known</u> DUE TO (c) <u>Coronary occlusion March 1905 treated at Barnes Hosp. St. Louis. Second attack Feb. 25, 1957</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>attacked Feb. 25, 1957</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>3/15, 1955</u> , to <u>Feb. 25, 1957</u> , that I last saw the deceased alive on <u>Feb. 25, 1957</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Buell Menefee M.D.</u> (Degree or title)			23b. ADDRESS <u>Montgomery City Mo</u>			23c. DATE SIGNED <u>2-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/28/57</u>		REGISTRAR'S SIGNATURE <u>James Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schlanke's Funeral Home Montgomery City, Mo.</u>			

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

MAR 10

ASB

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: *E. Boone Schlanke*

Licensed Embalmer No... 4136

P. O. Address *Montgomery, Ala.*

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.