

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033065**

**FILED VS. SEP 24 1959**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 291

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hannibal</b>		Length of stay in 1b	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hosp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>906 Walnut</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Allen</b> Middle <b>Earl</b> Last <b>Menefee</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>15</b> Year <b>59</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-4-92</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Perry Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Allen K. Menefee</b>		13b. MOTHER'S MAIDEN NAME <b>Lee Pitt</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Menefee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-10-1340</b>		17. INFORMANT Address <b>Mrs Lillie Menefee Hannibal Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal bronchial pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma right lung</b>					<b>1 month</b>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>A</b>			
20c. TIME OF INJURY Hour <b>1</b> a.m. <b>1</b> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8/4/59</b> , to <b>9/15/59</b> and last saw her/him alive on <b>9/14/59</b> Death occurred at <b>3:30AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>B. J. Murphy M.D.</b>			22b. ADDRESS <b>100 W. 6th, Hannibal, Mo.</b>		22c. DATE SIGNED <b>9/19/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept 17 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lick Creek Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Perry Missouri Ralls Cy</b>
24. FUNERAL DIRECTOR <b>Smith's Funeral Home Hannibal Mo</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-22-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Leck by N. C. Fisher</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John S. Wood*

Licensed Embalmer No. 4540

P. O. Address Hampton

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.