

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 5 3

FILED VS JAN - 7 1960

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 329

ENDED

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 8 Days		c. CITY OR TOWN Steedman		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #1			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Iva Middle Pauline Last Menefee			4. DATE OF DEATH Month Dec. Day 26 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/14/1923	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Former		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (City and state or country) Steedman, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Guy Payne		13b. MOTHER'S MAIDEN NAME Lola Heying		14. NAME OF HUSBAND OR WIFE Lowell E. Menefee			
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.		17. INFORMANT Address Lowell E. Menefee, Steedman, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Eclampsia						INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 checked="" 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.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
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 1948 to Death and last saw him alive on 12-26-59 Death occurred at 3:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Walter J. Brown M.D.				22b. ADDRESS Fulton, Mo		22c. DATE SIGNED 12-29-59	
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE Dec, 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Reform Cemetery		23d. LOCATION (City, town, or county) (State) Rural Reform Mo			
24. FUNERAL DIRECTOR ADDRESS Wallace Funeral Home, Fulton, Mo			25. DATE RECD. BY LOCAL REG. Dec. 29, 1959		26. REGISTRAR'S SIGNATURE Maretha Lawrence		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1960

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 Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Hullon, Md

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.