

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012147

FILED VS APR 6 1960

STATE FILE NUMBER

Registration District No. **292** Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Ralls. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saltriver Township | | Length of stay in 1b 2&rs | c. CITY OR TOWN Perry, Mo. RFD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Berry, Mo. RFD | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Saltriver Township Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First MARY Middle - Last MENEFEE. | | | 4. DATE OF DEATH 4-1-1960 Month 4 Day 1 Year 1960 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-19-87 | 9. AGE (last birthday) 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Ralls County, Mo. | 12. CITIZEN OF WHAT COUNTRY U S A |
| 13a. FATHER'S NAME George Shaver. | | 13b. MOTHER'S MAIDEN NAME Emily Young. | | 14. NAME OF HUSBAND OR WIFE Richard 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. None | 17. INFORMANT Freddie Menefee. Vandalia, Mo. Address | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH Unknown. |
| DUE TO (b) Unknown. | | |
| DUE TO (c) | | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) No Injury. Deceased found dead at her | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year Home 4-1-1960. | | |
| 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 Saltriver Township | COUNTY Ralls Co, Mo STATE |

21. I attended the deceased from **No Medical Attention.** and last saw her/him alive on _____
Death occurred **about 5:00** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Clydes. Weisay. Coroner. | 22b. ADDRESS Perry, Mo. Ralls County. | 22c. DATE SIGNED 4-1-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-3-1960 | 23c. NAME OF CEMETERY OR CREMATORY Oakland cemetery. | 23d. LOCATION (City, town, or county) (State) Ralls County Mo. |
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| 24. FUNERAL DIRECTOR Clydes. Weisay | ADDRESS Perry, Missouri. | 25. DATE RECD. BY LOCAL REG. 4-1-1960 | 26. REGISTRAR'S SIGNATURE Clydes. Weisay. |
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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

or by _____, Student Embalmer No. _____

working under my personal supervision: _____

Student _____ Signed: _____

Signature of Student Embalmer

Clyde C. Mincey

Licensed Embalmer No. 3820

P.O. Address Perry, Mo.

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.