

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 129

VS 300  
Rev. 4/59

10570  
8570

3  
4 0  
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7 0  
8 2  
99121  
10 3  
11057  
1292-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED SEP 17 1962		1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lincoln</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford Twp.</b>		Length of stay in 1b <b>?</b>	c. CITY OR TOWN <b>Troy</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Lincoln Co. Mem. Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b>		
3. NAME OF DECEASED (Type or print) First <b>Torrence</b> Middle <b>Lee</b> Last <b>Mennemeyer</b>			4. DATE OF DEATH Month <b>September</b> Day <b>14</b> Year <b>1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/1/58</b>	9. AGE (last birthday) <b>4</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Troy, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Lifard Mennemeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Edmiston</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>None</b>	17. INFORMANT Address <b>Lifard Mennemeyer, Troy, Missouri.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH <b>????</b>	
IMMEDIATE CAUSE (a) <b>Fractured Skull, Broken Neck</b>						
DUE TO (b) <b>Fell under wheel of Tractor. Rear Wheel.</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 checked="" 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>Child was riding on fender of tractor driv</b>				
20c. TIME OF INJURY Hour <b>4:15</b> a.m. p.m.	Month, Day, Year	by <b>Father, Bolt Broke, Fender fell, Child fell under rear wheel, Wheel passed over head, Fract. Skull/</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Driveway</b>	20f. CITY, TOWN, OR LOCATION <b>Bedford Twp.</b>	COUNTY <b>Lincoln</b>	STATE <b>Missouri.</b>		
21. I attended the deceased from _____ in _____ and last saw her/him alive on _____ Death occurred at <b>4:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Joseph J. Marsh Sr.</i> (Name or title) <b>CORONER</b>			22b. ADDRESS <b>Troy, Missouri.</b>		22c. DATE SIGNED <b>9/15/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/17/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>		23d. LOCATION (City, town, or county) <b>Troy, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-16-62</b>	26. REGISTRAR'S SIGNATURE <i>Charlotte F. ...</i>			

**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: *Joseph J. Marsh Sr.*  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.