

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18337**

BIRTH NO. _____		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 6453		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard / U.S.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pike township		c. LENGTH OF STAY (In this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pike Township		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Frank c. (Last) Menley				4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 23, 1877	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 4 Days 23		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fredricktown, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Daniel Menley			13b. MOTHER'S MAIDEN NAME Sarah Jane Bailey			14. NAME OF HUSBAND OR WIFE None	
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'S SIGNATURE OR NAME ADDRESS J. F. Menley, Bloomfield, Mo. R # 2			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 16 Ga. Shot-gun wound through right temple. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Sudden
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pike Township Stoddard Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 16, 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE W. W. Bailey (Degree or title) Coroner 3			23b. ADDRESS Dexter, Missouri			23c. DATE SIGNED 3-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 19, 49		24c. NAME OF CEMETERY OR CREMATORY Union Grove cemetery		24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri.	
DATE REC'D BY LOCAL REG. 5-26-49		REGISTRAR'S SIGNATURE Bennett Mann 360		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Und. Co. Bloomfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 6-8-620

Date Filed 6-8-49

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.

Signed _____

James B. Cooper

Signed _____

Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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 this body is not embalmed, fact should be so stated above.