

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33302

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 18 P

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Grundy	
b. CITY OR TOWN TRENXON		c. CITY OR TOWN TRENXON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CULLERS HOSP		d. STREET ADDRESS 807 MONROE ST	

3. NAME OF DECEASED (Type or Print) JAMES T MENEFEE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Oct, 24, 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 22	IF UNDER 1 YEAR Hours 1	IF UNDER 1 YEAR Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Retail Plumbing	11. BIRTHPLACE (State or foreign country) LEWISBURG KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. T. MENEFEE	13b. MOTHER'S MAIDEN NAME MARYETIA FULCKSON	14. NAME OF HUSBAND OR WIFE PEARL MENEFEE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME + Dr L.D. Menefee	ADDRESS Juntura, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 H
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION L	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1950, to _____, 19____, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Juntura, Mo	23c. DATE SIGNED 10/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-50	24c. NAME OF CEMETERY OR CREMATORY Miami Cemetery	24d. LOCATION (City, town, or county) (State) Juntura, MO
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DATE REC'D BY LOCAL REG. 10-26-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Juntura, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



NOV 16 1950

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 _____

Myself

working under my personal supervision.

Student Embalmer No.

Signed

Raymond A. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *3424*

P. O. Address *Stenton, 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.