

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26337

State File No. ....

42

1000

866

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1203 Lincoln St.		e. STREET ADDRESS (If rural, give location) 1203 Lincoln St. 01170	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Louis c. (Last) McMenemy			4. DATE OF DEATH (Month) (Day) (Year) August 7, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1875
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dep. Circuit Clerk	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dep. Circuit Clerk		10b. KIND OF BUSINESS OR INDUSTRY County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John McMenemy		13b. MOTHER'S MAIDEN NAME Katie McGlothlen	14. NAME OF HUSBAND OR WIFE Ola McMenemy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-36-5354	17. INFORMANT'S SIGNATURE OR NAME Mrs J.L. McMenemy
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Arteriosclerosis Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Stenosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)	
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 4-17-54, 19___, to 8-7-54, 19___, that I last saw the deceased alive on 7-30-54, 19___, and that death occurred at 8:30p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) N. Coleman MD		23b. ADDRESS 207 PWS Bldg St. Joseph	
23c. DATE SIGNED 8-9-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 10, 54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Sidenfaden 1802 Union St. St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 10, 1954		REGISTRAR'S SIGNATURE Cathy M. Allison 485 1/2 Dep. Reg.	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Robert H. Gape*

Licensed Embalmer No. 3308...

P. O. Address St. Joseph, .....

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.