

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 12 1956

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4435</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Perry, Missouri.</u> township) c. LENGTH OF STAY (in this place) <u>25Yrs</u>		c. CITY OR TOWN <u>Perry, Mo.</u>		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 <u>Perry, Missouri.</u>				e. STREET ADDRESS (If rural, give location) <u>Perry, Mo. 0870</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>B.</u> c. (Last) <u>Menefee.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8, 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 19, 1889</u>			
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>		IF UNDER 4 Hrs. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Allen Menefee</u>			13b. MOTHER'S MAIDEN NAME <u>Lee Pitt</u>			14. NAME OF HUSBAND OR WIFE <u>Single.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>			16. SOCIAL SECURITY NO. <u>485-14-1622</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Helen Menefee.</u> ADDRESS <u>Perry, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound in head.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>at once.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide.</u> DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Perry, Mo. Bldg.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perry, Ralls, Missouri.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 8, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide.</u>					
22. I hereby certify that I attended the deceased from <u>No Medical Attention.</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30AM</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clyde B. Welby</u> Coroner.				23b. ADDRESS <u>Perry, Mo. Ralls County.</u>		23c. DATE SIGNED <u>2-8-1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-8-1956</u>		REGISTRAR'S SIGNATURE <u>Clyde B. Welby</u> <u>267-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde B. Welby</u>		ADDRESS <u>Perry, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SS

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... *Clyde Welby*

Licensed Embalmer No... 3820

P. O. Address ... Perry, Miss.

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.