

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 660

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Boone		c. LENGTH OF STAY (in this place) 11 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt. Bourbon, Mo.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Boone	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) E. c. (Last) Menkhaus		4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 16, 1879
9. AGE (In years last birthday) 71		10. MONTH 3	11. DAY 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (State or foreign country) Carlyle, Ill. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mathias Menkhaus	
13b. MOTHER'S MAIDEN NAME Mary Brock Smith		14. NAME OF HUSBAND OR WIFE Carrie Schiever Menkhaus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carolyn Menkhaus, St. Louis, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 3 yrs		10 yrs approx	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443 X	
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) m.	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 March , 19 <u>49</u> , to Jan 7 , 19 <u>51</u> , that I last saw the deceased alive on Jan 6 , 19 <u>51</u> , and that death occurred at 2:45 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold Smith, D.O.		23b. ADDRESS Boone, Mo	23c. DATE SIGNED 1-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 10, 1951	24c. NAME OF CEMETERY OR CREMATORY D.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan, Missouri.
DATE REC'D BY LOCAL REG. 1-9-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sullivan, Mo

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 11 1951

RECEIVED

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 _____

Allen C. Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 4543

P. O. Address Linn, 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.