

FILED AUG 31 1951

STANDARD CERTIFICATE OF DEATH

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112A Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kelso</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kelso</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>LOUIS</u>	
		c. (Last) <u>MENZ</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 24 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>OCT 17, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOILERMAKER HELPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>57 10 7</u>
		11. BIRTHPLACE (State or foreign country) <u>Kelso, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Samuel Menz</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoefle</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Walter Menz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Pauline Menz Kelso, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H201</u>	
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) (Min.)	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 <u>Died without medical attendance</u> , 19 <u>51</u> , to <u>19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>19</u> , 19 <u>51</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Illmo, Mo.</u>	23c. DATE SIGNED <u>8-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines</u>	24d. LOCATION (City, town, or county) (State) <u>Kelso Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8-24-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bisplinghoff Funeral Home, Illmo, Mo.</u>	

RECEIVED AUG 27 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 851-186

SEP 14 1951

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
Student Embalmer

Signed Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.