

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30984

State File No.

FILED OCT 15 1951

BIRTH NO. REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Gainesville</u>	c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Gainesville Mo. Bridge 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gainesville Mo Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Gainesville, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JIMMY</u> b. (Middle) <u>C.</u> c. (Last) <u>MENENDEZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-1951</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 <u>5/5/1913</u>	9. AGE (in years last birthday) <u>38</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cudillera, Spain</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fernin Menendez</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Reboja</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Bonnell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes U.S. II</u>	16. SOCIAL SECURITY NO. <u>263-16-7607</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Menendez</u> ADDRESS <u>Gainesville, 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>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</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 <u>4201</u>	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) (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 10/1/51 1951, to 10/1/51 1951, that I last saw the deceased alive on 10/1/51, 1951, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Holerman D.D.</u>	23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lily Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bankers, Mo</u>
DATE REC'D BY LOCAL REG. <u>10/3/51</u>	REGISTRAR'S SIGNATURE <u>Shana Mohan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankers Funeral Home</u> ADDRESS <u>Gainesville, Mo</u>	

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

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 6 1951
Dist. File 1057-1991
Date Filed 10-10-51

OCT 2 1951

NOV 5 1951

OCT 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Chester C. Ross

Licensed Embalmer No.

3044

P. O. Address

Springfield

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.