

FILED FEB 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1951

1500  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JEFF.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>HILLSBORO</b>		c. LENGTH OF STAY (In this place) <b>7 DA.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>HILLSBORO 15515</b>		d. STREET ADDRESS (If rural, give location) <b>J</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CEDAR-GROVE NURSING HOME</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>LEONARD</b> c. (Last) <b>MENSCH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 16 1953</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>		8. DATE OF BIRTH <b>APR. 6 1871</b>	
9. AGE (In years last birthday) <b>81</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>CEDAR Co. IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>D.S.A.</b>		13a. FATHER'S NAME <b>JOHN MENSCH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY GEBHART</b>		14. NAME OF HUSBAND OR WIFE <b>CORA ANN MENSCH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gonda G. Mensch 4027 Grand</b>			
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) <b>Cerebral thrombosis, with partial left hemiparesis.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis with psychosis.</b> DUE TO (c) <b>Generalized arteriosclerosis.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>18 days</b> <b>?</b> <b>?</b>	
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 <b>332X</b>		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 <b>Jan 9, 1953</b> to <b>Jan 16, 1953</b> that I last saw the deceased alive on <b>Jan 14, 1953</b> , and that death occurred at <b>12:30 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Thomas A. Donnell M.D.</b> (Degree or title)				23b. ADDRESS <b>Desoto, Mo.</b>		23c. DATE SIGNED <b>1-17-53</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JAN. 19 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PORTER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KESWICK IOWA</b>	
DATE REC'D BY LOCAL REG. <b>1-19-53</b>		REGISTRAR'S SIGNATURE <b>Gordon Marsden 141</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Donnell B. Dietrich Desoto Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

19-53

DATE RECEIVED  
HILLSBORO, MISSOURI JAN 27 1953  
JEFFERSON COUNTY HEALTH DEPT.  
FEB 2 1953

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 Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Deats 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.