

FILED NOV 4 - 1953

STANDARD CERTIFICATE OF DEATH

36253

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>134923</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Joplin</u>)			c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			d. STREET ADDRESS (If rural, give location) <u>825 Missouri Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				3. NAME OF DECEASED a. (First) <u>Hester</u>		b. (Middle) _____		c. (Last) <u>Menapace</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12, 1892</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Richland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Arnold</u>			13b. MOTHER'S MAIDEN NAME <u>Louiza Eakens</u>			14. NAME OF HUSBAND OR WIFE <u>Leo Menapace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Menapace</u>			ADDRESS <u>825 Missouri Ave. Joplin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Ventricular Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Arteriosclerotic heart disease</u>						2 years	
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) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>					
22. I hereby certify that I attended the deceased from <u>Mar. 14, 1952</u> , to <u>Oct. 26, 1953</u> , that I last saw the deceased alive on <u>August 7, 1953</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter W. Koehler, M.D.</u>				(Degree or title) _____		23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>10/31/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>W. of McElany, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-31-53</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnice-Simpson</u>		ADDRESS <u>Webb City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 2 1953

Jasper County Health Office

County File Number 53-11-879

Date Filed NOV 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 Haney E. Ames
.....

Licensed Embalmer No. 4463

P. O. Address WEPH City Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.