No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2128

State File No.

FILED FEB 2 1954

BIRTH NO. REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 1

0700 4

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville
c. LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville 0700
d. STREET ADDRESS (If rural, give location): - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): SIMON
c. (Last): MENTZE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 11 1876
9. AGE (In years last birthday): 78 — If under 1 year: Months -, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: Shoemaker
11. BIRTHPLACE (State or foreign country): Lincoln County, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Don(t know
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Divorced

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: Mrs Logan Wilson — **ADDRESS**: Mexico 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 mn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/20, 1954 *to* 1/20, 1954, *that I last saw the deceased alive on* 1/20, 1954, *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willis H. Waller D.O.
23b. ADDRESS: Wellsville Mo.
23c. DATE SIGNED: 1/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/54
24c. NAME OF CEMETERY OR CREMATORY: Wellsville City Cem.
24d. LOCATION (City, town, or county) (State): Wellsville, Missouri

DATE REC'D BY LOCAL REG.: 1-25-54
REGISTRAR'S SIGNATURE: W.S. Romans Jr. 425
25. FUNERAL DIRECTOR'S SIGNATURE: R B Wells
ADDRESS: Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 K B Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville Me

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

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