

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17818

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax Mo</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock - Port Mo 0030</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>				3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>EILERT</u> c. (Last) <u>MENSEN</u>			
4. DATE OF DEATH <u>July-2-1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. DATE OF BIRTH <u>March 3 - 1883</u>		9. AGE (In years last birthday) <u>71</u>		If UNDER 1 YEAR Months <u>3</u> Days <u>29</u>		If UNDER 10 yrs. Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps City Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Mense Mense</u>		13b. MOTHER'S MAIDEN NAME <u>Swantie O'Ruler</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Etta Mense</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etta Mense - Rock - Port Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from Stomach & bowels 2 days</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aplastic Anemia idiopathic 6 months</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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		2924	
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? _____					
22. I hereby certify that I attended the deceased from <u>Mar</u> , 1954, to <u>July 2</u> , 1954, that I last saw the deceased alive on <u>July 2</u> , 1954, and that death occurred at <u>30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mallice Carpenter Mo</u> (Degree or title) _____				23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>7-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 5, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock - Port Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Marvin Schaefer</u> 443		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Funeral Home - Rock - Port Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 CE. Buttram

Licensed Embalmer No. 1764

P. O. Address. Rock Port 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.