No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28683

BIRTH NO. FILED AUG 30 1954 REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville R.R.1 0920
d. STREET ADDRESS (If rural, give location): Three and half miles south

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Menscher

4. DATE OF DEATH (Month) (Day) (Year): Aug 15 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 31, 1855
9. AGE (In years last birthday): 99 — If under 1 year: Months: Days: 15 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): New Melle, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Menscher
13b. MOTHER'S MAIDEN NAME: Charlotte Peters
14. NAME OF HUSBAND OR WIFE: Elizabeth Kuhlhoff (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: John Menscher
ADDRESS: Wentzville, Mo. R.R.1

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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 3/17, 1954, *to* 8/14, 1954, *that I last saw the deceased alive on* 8/14, 1954, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Burgesen DO
23b. ADDRESS: Wentzville, Mo.
23c. DATE SIGNED: 8-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: South Linn Cemetery
24d. LOCATION (City, town, or county) (State): Wentzville, Missouri

DATE REC'D BY LOCAL REG.: 8/25/54
REGISTRAR'S SIGNATURE: Martin F. Duff
25. FUNERAL DIRECTOR'S SIGNATURE: T. E. Pitman Funeral Home
ADDRESS: Wentzville 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 Carlton J. Pitman, Student Embalmer No. 497, working under my personal supervision.

Student Carlton J. Pitman
Student Embalmer

Signed Jennetta M. Pitman

Licensed Embalmer No. 3055

P. O. Address Huntsville 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.