

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43082

State File No.

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 507 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Saline

b. CITY OR TOWN Rural Elmwood c. LENGTH OF STAY (In this place) Life

c. CITY OR TOWN Sweet Springs d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 11 miles N.W. of Sweet Springs

STREET ADDRESS (If rural, give location) 0970
11 miles N.W. of Sweet Springs Mo 0

3. NAME OF DECEASED a. (First) Louis b. (Middle) Vencin c. (Last) Menegali 4. DATE OF DEATH (Month) (Day) (Year) Dec 15 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Aug 30, 1885 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.

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

13a. FATHER'S NAME Anthy Menegali 13b. MOTHER'S MAIDEN NAME Katherine Oliver 14. NAME OF HUSBAND OR WIFE Nadine Menegali

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 ADDRESS Nadine Menegali, Sweet Springs Mo

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH unknown
ANTECEDENT CAUSES rupture abdominal aorta 2⁺ hrs.
Aneurysm into left colic gutter.
DUE TO (b) Arteriosclerosis & atherosclerosis
DUE TO (c) Arteriosclerosis & atherosclerosis
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 Autopsy - Aneurysm abdominal aorta, ruptured 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951 to 15 Dec, 1954, that I last saw the deceased alive on 25 Dec, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Jones (Degree or title) 23b. ADDRESS M.D. Marshall Mo. 23c. DATE SIGNED 12-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec 17, 1954 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri

DATE REC'D BY LOCAL REG. Dec 17, 1954 REGISTRAR'S SIGNATURE Mary Mosley 509 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edgar L Mosley, Sweet Springs, Mo.

(Licensed Embalmer's State-put on Reverse Side)

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

970
/

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.....
Signature of Student Embalmer

Signed *Edgar L. Mosley*.....
Licensed Embalmer No. *477*

P. O. Address *Sweet Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.