

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. **9523**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5582** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Township		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 mos		STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rte 4, Carthage,			

3. NAME OF DECEASED (Type or Print) a. (First) GERARD b. (Middle) HERMAN c. (Last) MENSINK			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 6, 1948		9. AGE (In years last birthday) 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Wyhe, Holland		12. CITIZEN OF WHAT COUNTRY? Holland
13a. FATHER'S NAME Herman Mensink		13b. MOTHER'S MAIDEN NAME Gerrie Kemper		14. NAME OF HUSBAND OR WIFE ---	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Mensink, Rte 4, Carthage, Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8124 25
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries Multiple Extrema.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Fracture Rt. femur DUE TO (c) 2. Fracture Rt. humerus 3. Fracture skull 4. Fracture cervical spine		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5. Abrasions face 6. Crush injury chest & abdomen	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Jasper Mo.
21d. TIME OF INJURY Apr 3-1956 7:40 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ran across highway and struck by auto-

22. I hereby certify that I attended the deceased from **did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:40 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wesley M. Conner, Joplin, Mo		23b. ADDRESS Joplin Natl bank bldg Joplin, Mo		23c. DATE SIGNED 4-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo Rte 3		
DATE REC'D BY LOCAL REG. 4-5-56		REGISTERER'S SIGNATURE WJ Clinton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	

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

RECEIVED APR 12 1956
Jasper County Health Office

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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 Robert H. Hnell

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.