

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017510
STATE FILE NUMBER

322

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 322

FILED JUN 2 1958

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAPE</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>RANDLES</u> <u>0160</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>8 DAYS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>RUBE MAGUS MENZ</u>			4. DATE OF DEATH Month Day Year <u>APRIL 27, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 13, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>INSEAMER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SPORTS SPECIALTY SHOE CO.</u>	11. BIRTHPLACE (City and state or country) <u>ORAN, MISSOURI</u>
13a. FATHER'S NAME <u>MARTIN M. MENZ</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHRONA ELIZABETH SMIDDEY</u>	14. NAME OF HUSBAND OR WIFE <u>MORA ELLEN MENZ</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-03-9219</u>	17. INFORMANT Address <u>MRS. MORA ELLEN MENZ - RANDLES, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia & Anuria</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Renal calculi</u> DUE TO (c) <u>Urteral calculus 602X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u> <u>1 week</u> <u>2 wks</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>3-25-58</u> to <u>4-26-58</u> and last saw him alive on <u>4-26-58</u> Death occurred at <u>2:10 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>219 N Pacific Cape Girardeau</u>	
22c. DATE SIGNED <u>5-20-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR. 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIENDS CEMETERY</u>	23d. LOCATION (City, town, or ward) (State) <u>ORAN Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>May 23, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer C. Cooper</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 26 1959

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 *Jack T. Burnett*

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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