

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024739

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 494

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff,		c. CITY OR TOWN Poplar Bluff, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 16 Years		1707 Alice St.	
3. NAME OF DECEASED (Type or print) First Allie Middle Lee Last Mennes,		4. DATE OF DEATH Month 7/ Day 29/ Year 1958	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 32/ 8/ 1888
10a. USUAL OCCUPATION (Give kind of work done or business of working hours, if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Bird's Eye, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Banks,		13b. MOTHER'S MAIDEN NAME Leanna Polk,	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 499-30-1064		17. INFORMANT William Banks, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Strangulation. DUE TO (c) 983 X			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) a heavy cloth gag tied in the		20c. TIME OF INJURY Hour about 10 Month, Day, Year July 28-58	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Poplar Bluff		COUNTY Butler STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at some time early A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George W. Reese (Degree or title) Coroner		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 8-4-58		23a. BURIAL REMOVAL (Specify) Burial	
23b. DATE 8/ 1st/58		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town or county) Poplar Bluff, Mo.		(State)	
24. FUNERAL DIRECTOR Peoples' Funeral Home Poplar Bluff,		25. DATE RECD. BY LOCAL REG. 8/9/58	
ADDRESS		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED

AUG 12 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Charles E. Mungle
Licensed Embalmer No. 4877
P. O. Address Polk, Pa.

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.