Health, Welfare Public Service

300
1-57 C

FILED FEB 16 1959

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004601
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 159

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Josephs Hosp. — Length of stay in 1b: life

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3126 Lafayette — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: KAREN Middle: ANN Last: MENSCHIK

**4. DATE OF DEATH** Month Day Year: Feb. 2, 1959

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH:** Oct 2, 1951

**9. AGE** (In years last birthday): 7 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none

**10b. KIND OF BUSINESS OR INDUSTRY:** ----

**11. BIRTHPLACE** (City and state or country): St. Joseph, Mo.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** Charles F. Menschik

**13b. MOTHER'S MAIDEN NAME:** Margaret Hummer

**14. NAME OF HUSBAND OR WIFE:**

**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** Address: Charles Menschik, 3126 Lafayette, St. Joseph, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Measles — 4 days
DUE TO (c) 0561

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Palsy — Total Mental + Physical Retardation

**19. WAS AUTOPSY PERFORMED?** YES [X] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**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 2-1-59, to 2-2-59 and last saw her alive on 2-2-59
Death occurred at 11:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Evan Peterson (Degree or title) MD, C

**22b. ADDRESS** Walton, Ks

**22c. DATE SIGNED** 2/5/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE:** 2/5/1959

**23c. NAME OF CEMETERY OR CREMATORY:** Mt. Olivet Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

**24. FUNERAL DIRECTOR:** Heaton-Bowman ADDRESS: St. Joseph, Mo.

**25. DATE RECD. BY LOCAL REG.:** Feb 12, 1959

**26. REGISTRAR'S SIGNATURE:** Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Evan Peterson

## 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.