Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020420
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 34 Primary Registration District No. 5117 Registrar's No. /

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartsburg — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Hartsburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION / — Length of stay in 1b	d. STREET ADDRESS 0/00 (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: THEODORE (TATE) CRIST MENKE				4. DATE OF DEATH Month Day Year: June 10, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Aug. 11, 1888	9. AGE (In years last birthday): 70	IF UNDER 1 YEAR: Months 9 Days 29 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Salesman for Riley Chevrolet		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Etlah, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Frederick C. Menke		13b. MOTHER'S MAIDEN NAME: Fredrieka Schaefer		14. NAME OF HUSBAND OR WIFE: Bertha Alexander Menke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No		16. SOCIAL SECURITY NO.: 490-09-4927	17. INFORMANT: Mrs. Bertha Menke	Address: Hartsburg, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio Vascular Renal Syndrome

DUE TO (c) Diabetes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 26 CX

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 5-1-1954, to 6-10-59 and last saw her/him alive on 6-10-59. Death occurred at 2:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James E. Tuffanelli	(Degree or title)	22b. ADDRESS: Ashland, Mo.	22c. DATE SIGNED: 6-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 13, 1959	23c. NAME OF CEMETERY OR CREMATORY: Bonds Chapel Cemetery	23d. LOCATION (City, town, or county) (State): Boone Co., Mo.
24. FUNERAL DIRECTOR: Victor Buesche	ADDRESS: Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG.: June 15, 1959	26. REGISTRAR'S SIGNATURE: Mrs Mildred Burnett

(Licensed Embalmer's Statement on Reverse Side)

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.

JUN 23 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 Victor Buescher

Licensed Embalmer No. 370

P. O. Address J C 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.