

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021552

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3129

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1. PLACE OF DEATH a. COUNTY <del>JACK</del> Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hosp.		d. STREET ADDRESS (If outside, give location) 5120 East 23rd. St.	
Length of stay in lb 10 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Francis Last Menz(Mentz)	4. DATE OF DEATH Month 6 Day 24 Year 1959
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5. SEX Male	6. COLOR OR RACE White (Indian)	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1922	9. AGE (In years last birthday) 36	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Dist. Court Soux Co.	11. BIRTHPLACE (City and state or country) Fort Yates, North Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Joseph Menz	13b. MOTHER'S MAIDEN NAME Rebecca Cornelius	14. NAME OF HUSBAND OR WIFE Leona Mae Menz
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) YES	16. SOCIAL SECURITY NO. "unknown"	17. INFORMANT Mrs. Leona Mae Menz: 911 Holmes K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subar pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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 type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 490x
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Rebecca Cornelius</i>	22b. ADDRESS 1834 Riatta Bldg.	22c. DATE SIGNED 6-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-26-1959	23c. NAME OF CEMETERY OR CREMATORY Mandan City Cemetery	23d. LOCATION (City, town, or county) (State) Mandan, North Dakota
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24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO.	25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE <i>Neva Trinchell</i>
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All diseases in Part I must be causally related.  
Hugh H. Owens

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 8 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 *B E Weichert* .....

Licensed Embalmer No. *4075* .....

P. O. Address *208 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.