

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007906

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 107

STATE FILE NUMBER

FILED MAR 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY CAPE  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU Length of stay in lb 2 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAPE OSTEO PATHIC Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY CAPE  
 c. CITY OR TOWN RANDLES Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last BESSIE BEULAH MENZ 4. DATE OF DEATH Month Day Year MARCH 15, 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH OCT. 23, 1905 9. AGE (last birthday) 55 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. 4 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOX-TOE CEMENTER 10b. KIND OF BUSINESS OR INDUSTRY SPORTS SPECIALTY SHOES Co. 11. BIRTHPLACE (City and state or country) RANDLES, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY PATTERSON 13b. MOTHER'S MAIDEN NAME HETTIE ELLEN UPPERMON 14. NAME OF HUSBAND OR WIFE GROVER WILLIAM MENZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address GROVER W. MENZ - RFD #2 - CHAFFEE, 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) medullary Failure INTERVAL BETWEEN ONSET AND DEATH 3 hours  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis (massive) 36 hours.  
 DUE TO (c) arteriosclerosis moderate. 2 years.

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  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 3/14/61 to 3/15/61 and last saw her alive on 3/15/61  
 Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. H. Rehner, D.D. 22b. ADDRESS Chaffee, Missouri 22c. DATE SIGNED 3/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 18, 1961 23c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY 23d. LOCATION (City, town, or county) ORAN, Missouri

24. FUNERAL DIRECTOR ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo. 25. DATE RECEIVED BY LOCAL REG. 3-18-61 26. REGISTRAR'S SIGNATURE Grover Kasten

**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. 4472

P. O. Address Chaffee, MA

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.