

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008581

AMENDED Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 48 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 10 1961**

1. PLACE OF DEATH  
 a. COUNTY Howell  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Length of stay in lb  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE Mo b. COUNTY Howell  
 c. CITY OR TOWN West Plains Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1038 Dawson Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Leonard Prosper Menze  
 4. DATE OF DEATH Month Day Year  
3 - 26 - 61

5. SEX M 6. COLOR OR RACE Wht 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9-20-1894 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
11 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Mechanic  
 10b. KIND OF BUSINESS OR INDUSTRY Drug Store 11. BIRTHPLACE (City and state of country) Howell Co. Mo  
 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME A.A. Menze 13b. MOTHER'S MAIDEN NAME Addie B. Heath 14. NAME OF HUSBAND OR WIFE Ethel Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO.  
 17. INFORMANT Ethel L. Menze Address West Plains

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral hemorrhage 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) Hypertensive cardiovascular disease 2 years  
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Arteriosclerosis generalized  
 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 1957 to 3/22/61 and last saw him alive on 3/18/61  
 Death occurred at 9:57 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.L. Fowler MD 22b. ADDRESS West Plains Mo 22c. DATE SIGNED 4/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) buried 23b. DATE 3-24-61 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn 23d. LOCATION (City, town, or county) (State) West Plains Mo.

24. FUNERAL DIRECTOR Shelton ADDRESS West Plains 25. DATE RECD. BY LOCAL REG. 4-6-61 26. REGISTRAR'S SIGNATURE Beatrice Cooke

(Licensed Embalmer's Statement on Reverse Side) Fowler

**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 *A. D. Robertson*

Licensed Embalmer No. 3432

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.