ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-021721
STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 59 Registrar's No. 8

FILED JUL 12 1961

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JESTUS
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): JEFF MEM HOSP
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: JEFF
c. CITY OR TOWN: HILLSBORO
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ROSE Middle: PALMER Last: MENZEL
4. DATE OF DEATH: Month: JUNE Day: 28 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/21/1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): ST GENEVIEVE, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM PALMER
13b. MOTHER'S MAIDEN NAME: MARY SWEIGERT
14. NAME OF HUSBAND OR WIFE: RICHARD MENZEL
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.:
17. INFORMANT: RICHARD MENZEL Address: R#2 Hillsboro, 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): carcinoma of breast c generalized
DUE TO (b): metastasis
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
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 ☐ No
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 Nov 1952 to June 28, 61 and last saw her alive on June 27, 61
Death occurred at 5 30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Norl V. Nefinstad (Degree or title) M.D.
22b. ADDRESS: DeSoto, Mo.
22c. DATE SIGNED: June 30, 61

23a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
23b. DATE: June 30, 1961
23c. NAME OF CEMETERY OR ~~CREMATORY~~: GOOD SHEPARD
23d. LOCATION (City, town, or county) (State): HILLSBORO MO

24. FUNERAL DIRECTOR: MAHN Funeral Home ADDRESS: DeSoto, Mo
25. DATE RECD. BY LOCAL REG.: 6/30/61
26. REGISTRAR'S SIGNATURE: Jesse C. Gordon, John N. Stull, Deputy

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 12 1961

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 Gerald J. Mahr

Licensed Embalmer No. 4975

P. O. Address De Soto, O

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.