

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038014

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 217

STATE FILE NUMBER

FILED OCT 18 1961

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in ^{1b} 3 Month 5 years	c. CITY OR TOWN New Haven		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Menke			4. DATE OF DEATH Month Oct. Day 7 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-8-1889	9. AGE (last birthday) 72 IF UNDER 1 YEAR IF UNDER 24 HR Months 0 Days 29 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer Labor	11. BIRTHPLACE (City and state or country) New Haven Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Christ Menke		13b. MOTHER'S MAIDEN NAME Charlotta Birkmann		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. E. A. Eigenbrodt New Haven 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) Hypostatic pneumonia DUE TO (b) Heart failure DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serulity, arteriosclerosis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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 		
21. I attended the deceased from July 6, 1961 to 10-7-61 and last saw him alive on 10-6-61 Death occurred at 6:AM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE E. E. Feind m. D. (Degree or title)			22b. ADDRESS Rolla mo		22c. DATE SIGNED 10-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 10, 1961	23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		23d. LOCATION (City, town, or county) New Haven Mo.		
24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo.		25. DATE RECD. BY LOCAL REG. Oct. 10, 1961	26. REGISTRAR'S SIGNATURE Nadene L. Stoll			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 S. P. Miller

Licensed Embalmer No. 3397

P. O. Address Roller, 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.