

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018332

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 178 Primary Registration District No. Registrar's No. 51

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-57

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| 1. PLACE OF DEATH a. COUNTY LEWIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY LEWIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGHLAND TWP | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN EWING |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANGE REST HOME | | Length of stay in 1b 1 yr | d. STREET ADDRESS (If outside, give location) 056 |
| 3. NAME OF DECEASED (Type or print) First Middle Last BARBARA ANN MENSENDICK | | | 4. DATE OF DEATH Month Day Year MAY 29 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEB 25 1876 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 83 |
| 11. BIRTHPLACE (City and state or country) GERMANY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME JOHN HABEL | | 13b. MOTHER'S MAIDEN NAME Sophia | 14. NAME OF HUSBAND OR WIFE Wm. MENSENDICK |
| 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. NO | 17. INFORMANT Address MRS Fred Gross EWING 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) Shock from fracture of left hip Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) 9040 | | | INTERVAL BETWEEN ONSET AND DEATH 30 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22 | | | 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 checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Ewing Lewis Mo. | |
| 21. I attended the deceased from April 27 to May 29 and last saw her alive on May 15 1959 Death occurred at 61st St on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. V. Cooter D.O. | | 22b. ADDRESS Labelle Mo. | 22c. DATE SIGNED 5/29-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE MAY 31-59 | 23c. NAME OF CEMETERY OR CREMATORY LUTHERN | 23d. LOCATION (City, town, or county) (State) EWING Mo |
| 24. FUNERAL DIRECTOR ADDRESS Thomas Ball Ewing Mo. | | 25. DATE RECD. BY LOCAL REG. 6-2-59 | 26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. M. Crabbill*

Licensed Embalmer No. *4905*

P. O. Address *Twining, 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.