

FILED DEC 31 1957

STANDARD CERTIFICATE OF DEATH

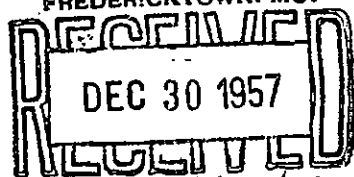
45062

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5757 Registrant's No. 70

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Fredericktown		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 67		Length of stay in 1b		d. STREET ADDRESS Route 1		(If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) Milton Christopher Menge, Sr.				4. DATE OF DEATH Month Dec. Day 20 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Feb. 9, 1900	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 57 Days 57 Hours 57 Min. 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer & Mason		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Farmington, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Christopher Menge				14. MOTHER'S MAIDEN NAME Julia E. Doughty			
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. 498-01-7887		17. INFORMANT Mrs. Myrtle Menge	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Virus infection DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 30 seconds 1 day 1 yr	
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 5:40 Month, Day, Year Dec 20, 1957		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 Fredericktown Mo		COUNTY Madison		STATE Mo.	
21. I attended the deceased from Dec 1956 to Dec 20, 1957 and last saw him alive on Dec 20 Death occurred at 5:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. W. DeLeyne R.D.				22b. ADDRESS Fredericktown Mo		22c. DATE SIGNED 12/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/22/57		23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		23d. LOCATION (City, town, or county) (State) Madison County, Mo.	
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 12-23-1957		26. REGISTRAR'S SIGNATURE Therese Nickel			

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1227-72

JAN 3 1958

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.....

Licensed Embalmer No. 48

P. O. Address Frederick

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.