

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13259

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4381		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>		c. LENGTH OF STAY (In this place) <u>28 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIAM</u>			b. (Middle) <u>K.</u>		c. (Last) <u>Mendenhall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 1-1878</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sexton</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hopkins Cemetery</u>		11. BIRTHPLACE (State or foreign country) <u>PANORA IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S</u>	
13a. FATHER'S NAME <u>A.T. Mendenhall</u>			13b. MOTHER'S MAIDEN NAME <u>EUSTATIA MACEY</u>		14. NAME OF HUSBAND OR WIFE <u>FLORA Mendenhall</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORA Mendenhall - Hopkins, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Emphysema with - 2 weeks</u> <u>aspirin unknown</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>082X</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 25, 1949</u> to <u>Apr 7, 1949</u> that I last saw the deceased alive on <u>Apr 7, 1949</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Holt</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hopkins</u>		23c. DATE SIGNED <u>Apr 9 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-16-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>		ADDRESS <u>Hopkins Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 306
10. 48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

working under my personal supervision.

myself

Student Embalmer No. _____

Signed *Steven Swanson*

Signed _____
Student Embalmer

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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 this body is not embalmed, fact should be so stated above.