

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26532

State File No. _____

Registrar's No. 60

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5391

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

1. PLACE OF DEATH a. COUNTY <u>Deer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hobson Township</u> OR TOWN <u>Hobson Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deer</u> OR TOWN <u>Rural Township Hobson</u>	
c. LENGTH OF STAY (in this place) <u>Two month</u>		d. STREET ADDRESS (If rural, give location) <u>Near Max Mo.</u>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerardine</u> b. (Middle) <u>NONE</u> c. (Last) <u>Mendenhall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 24, 1949</u>	9. AGE (In years) (Months) (Days) <u>1 24</u>	10. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Mendenhall</u>	13b. MOTHER'S MAIDEN NAME <u>Kerna Freese</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Mendenhall Max Mo.</u> ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Marasmus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Teen birth</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7925</u>
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 Aug 8, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Joseph P. Burnett D.O.</u>	22b. ADDRESS <u>Salem Mo.</u>	22c. DATE SIGNED <u>8-19-49</u>
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23a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 20, 1949</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Montant Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/19/49</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Leathan</u>	ADDRESS <u>Salem Mo.</u>
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RECEIVED 8/23/49
District Health Officer No. 5,
District File Number 849580
Date Filed 8/24/49

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
Student Embalmer

Signed Edward F. Proyles

Licensed Embalmer No. 4553

P. O. Address Salem 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.