

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24077

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrison Twp. 0650			
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie			b. (Middle) _____			c. (Last) Mennecke	
4. DATE OF DEATH (Month) (Day) (Year) 7-2-50							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 1-4-1880	
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 Hrs. _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Allen Lauderback			13b. MOTHER'S MAIDEN NAME Wilcox			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Exa Mennecke ADDRESS Princeton, Mo			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach and Gall Bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION 6-29-50		19b. MAJOR FINDINGS OF OPERATION carcinoma of stomach & gall bladder					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 6-27-50 to 7-1-50 , that I last saw the deceased alive on 7-1-50 , 19____, and that death occurred at 0:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Douglas L. Pearson (Degree or title) D.O.			23b. ADDRESS Axtell Hospital Princeton, Mo			23c. DATE SIGNED 7-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) 11		24b. DATE 7-3-50		24c. NAME OF CEMETERY OR CREMATORY Goshen		24d. LOCATION (City, town, or county) (State) Mercer Co., Mo	
DATE REC'D BY LOCAL REG. 7-10-50		REGISTRAR'S SIGNATURE m. j. Patton			25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss ADDRESS Princeton, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48



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 _____

Paul Mass

Licensed Embalmer No. 2634

P. O. Address _____

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.