

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27712

FILED SEP 8 1950

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381 Registrar's No. 131

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) <u>Hopkins</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hopkins</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>Mendenhall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Apr. 13-1872</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Hopkins, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>George Greenlee</u>	
14. MOTHER'S MAIDEN NAME <u>Joanna Murphy</u>		15. NAME OF HUSBAND OR WIFE <u>Grant Mendenhall</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Grant Mendenhall, Hopkins, Mo</u>		18. ADDRESS <u>Hopkins, Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>General Paralysis of insane</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>125X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 JUNE 1, 1950, to 6/18, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Holt M.D.</u>		23b. ADDRESS <u>Hopkins, Mo</u>		23c. DATE SIGNED <u>6/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo</u>		24e. LOCAL REG. DATE REC'D BY <u>6-24-50</u>		24f. REGISTRAR'S SIGNATURE <u>Beas Holt</u>	

24g. FURNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>		24h. ADDRESS <u>Hopkins, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

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.