S. No. 300
v. 10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9058

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5734 Registrar's No. _____

610
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1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Independence Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri, b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0610
d. STREET ADDRESS (If rural, give location): East Of Elmer Mo 0

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Jane c. (Last) Mendenhall

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marred
8. DATE OF BIRTH: May 14 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William C. Walker
13b. MOTHER'S MAIDEN NAME: Sarah M. King
14. NAME OF HUSBAND OR WIFE: John W. Mendenhall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gale Williams, ADDRESS: Elmer ~~Elmer~~ 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1952, *to* March 3, 1952, *that I last saw the deceased alive on* Mar. 1, 1952, *and that death occurred at* 10-30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold D. Lehr DO
23b. ADDRESS: La Plata Mo.
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 6 1952
24c. NAME OF CEMETERY OR CREMATORY: Winnigan
24d. LOCATION (City, town, or county) (State): Winnigan Sullivan Mo

DATE REC'D BY LOCAL REG.: Mar 15 1952
REGISTRAR'S SIGNATURE: Mrs O. B. Griffin 186-0
25. FUNERAL DIRECTOR'S SIGNATURE: W H McCollum
ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3.17.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.52.08
Date Filed 3.18.52

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.

Signed W. H. McCollum

Signed ..... Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.