

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**12472**

State File No. ....

S. No. 300  
V. 10.48

**FILED APR 28 1952**

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

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coffey, Mo.</u>		c. LENGTH OF STAY (In this place) <u>87 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coffey, Missouri</u>		<u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION --				d. STREET ADDRESS (If rural, give location) --			
3. NAME OF DECEASED (Type or Print) <u>William Alonzo Mendenhall</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1952</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>Feb 15, 1865</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sol W. Mendenhall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Stella J. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella J. Mendenhall, Coffey, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Transverse Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inactivity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION <u>L</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>L</u>			
22. I hereby certify that I attended the deceased from <u>15 yr.</u> , 19 <u>37</u> , to <u>April 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 12</u> , 19 <u>52</u> , and that death occurred at <u>9:30P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Baumgardner, M.D.</u> (Degree or title)				23b. ADDRESS <u>Box 88 Coffey Mo</u>		23c. DATE SIGNED <u>4/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-21-52</u>		REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pattonburg, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Travis Sweet* .....

Licensed Embalmer No. 4096 .....

P. O. Address Pottsville, Pa. .....

**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.**