

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23984**

FILED AUG 4 1952

BIRTH NO. **41086** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **191**

1264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) R R # 4	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle)	c. (Last) MEHMERT	4. DATE OF DEATH (Month) (Day) (Year) JULY 28. 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 27, 1952	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH MEHMERT	13b. MOTHER'S MAIDEN NAME ELIZABETH MORTEMAYER	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOSEPH MEHMERT ADDRESS WARDSVILLE, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs 28 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) intracranial hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) precipitate labor DUE TO (c) prematurity.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2nd born of twins			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 7605	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **7-27, 1952**, to **7-28, 1952**, that I last saw the deceased alive on **7-28, 1952**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold C. Strickland MD (Degree or title)	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 7-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 29, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	24d. LOCATION (City, town, or county) (State) WARDSVILLE, MO.
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DATE REC'D BY LOCAL REG. Aug 1-1952	REGISTRAR'S SIGNATURE R. P. Darris MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Harley ADDRESS J. C. MO.
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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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.