

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

8670

State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 55

43
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p align="center">AUDRAIN</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">MISSOURI</p> b. COUNTY <p align="center">AUDRAIN</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">LADDONIA</p>		c. LENGTH OF STAY (in this place) <p align="center">5 DAYS</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">RURAL CUIVRE TOWNSHIP</p>		0040
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">GENERAL HOSP. MEXICO, MO.</p>			d. STREET ADDRESS (If rural, give location) <p align="center">4MI. NORTH WEST OF LADDONIA</p>		
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">ADDIE</p>		b. (Middle) <p align="center">MARGARETT</p>	c. (Last) <p align="center">MECHLIN</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">4-4-1953</p>	
5. SEX <p align="center">FEMALE</p>	6. COLOR OR RACE <p align="center">WHITE</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">MARRIED</p>	8. DATE OF BIRTH <p align="center">6-3-1885</p>	9. AGE (In years last birthday) Months Days <p align="center">67 10 1</p>	IF UNDER 1 YEAR Hours Mins. <p align="center">10 1</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">HOUSE WIFE</p>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">LADDONIA, MO.</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>
13a. FATHER'S NAME <p align="center">SAMUAL HALE</p>		13b. MOTHER'S MAIDEN NAME <p align="center">BLIVEN</p>		13. NAME OF HUSBAND OR WIFE <p align="center">CLARENCE MECHLIN</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>	16. SOCIAL SECURITY NO. <p align="center">NO</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">CLARENCE MECHLIN LADDONIA, MO</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <p align="center">72 HRS.</p>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					5 YRS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Nephritis</u>					
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 <p align="center">592 X</p>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>JUNE</u> , 1952, to <u>APRIL</u> , 1953, that I last saw the deceased alive on <u>APRIL 3</u> , 1953, and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <p align="center">William W. Jones, M.D.</p>			23b. ADDRESS <p align="center">Laddonia, Mo</p>		23c. DATE SIGNED <p align="center">4-6-1953</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">BURIAL</p>		24b. DATE <p align="center">4-6-1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">LADDONIA CEMETERY</p>		24d. LOCATION (City, town, or county) (State) <p align="center">LADDONIA, MO.</p>
DATE REC'D BY LOCAL REG. <p align="center">April 6-1953</p>	REGISTRAR'S SIGNATURE <p align="center">Blanche Keely</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">William Bismoff Laddonia, Mo</p>		

L.A.P.E. 1954

MAR 30 1954

FEB 14 1957

1953

JUL 2

MAY 7 1963

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

Clyde C. Wilkey

Licensed Embalmer No.

3830

P. O. Address

Ferris, 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.