

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42678**

12-28-53  
FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4212** Registrar's No. **267**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blainstown</b> | c. LENGTH OF STAY (In this place) <b>18 mo</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blainstown</b> <b>0420</b>                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>in Blainstown</b>                                   |  | d. STREET ADDRESS (If rural, give location) <b>in Blainstown</b>   |  |

|   |  |   |
|---|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Ludie</b><br>b. (Middle) <b>Mae</b><br>c. (Last) <b>Mendenhall</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>12-19-1953</b>                |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>                                       |
| 8. DATE OF BIRTH <b>July 12-1879</b>  | 9. AGE (In years last birthday) <b>74</b>                              | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>born home</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Co Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>George W. Gray</b>                                   | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Shipp</b> | 14. NAME OF HUSBAND OR WIFE <b>William Mendenhall</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b> | 16. SOCIAL SECURITY NO. <b>0</b>                 | 17. INFORMANT'S SIGNATURE OR NAME <b>La. Vaude. Coulter</b> ADDRESS <b>1157 N. Carey, Howard Co Mo</b> |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hr</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>           |  |   |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <b>Hypertension &amp; myocarditis</b><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                                | 19b. MAJOR FINDINGS OF OPERATION   | 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) <b>4201</b>                      |
| 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?   |

22. I hereby certify that I attended the deceased from **Jan**, 1953, to **12-19**, 1953, that I last saw the deceased alive on **Dec 17, 1953**, and that death occurred at **9 A** m., from the causes and on the date stated above.

|  |   |  |  |
|--|---|--|--|
| 23a. SIGNATURE <b>L. Walker</b>                        | (Degree or title) <b>M.D.</b>               | 23b. ADDRESS <b>Clinton Mo</b>                           | 23c. DATE SIGNED <b>12-20-53</b>                                 |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>Buried</b> | 24b. DATE <b>12-21-1953</b>                 | 24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Henry Co Mo</b> |
| DATE REC'D BY LOCAL REG <b>Dec. 20-53</b>              | REGISTRAR'S SIGNATURE <b>Florence Adair</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b>  | ADDRESS <b>Clinton Mo</b>  |

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

**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 Robert L Dunning

Licensed Embalmer No. 4270

P. O. Address Clinton 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.