

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1435

State File No. \_\_\_\_\_

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (In this place) <i>65 yrs.</i>		d. STREET ADDRESS <i>346 N. Brighton</i>	
d. FULL NAME OF (If not in hospital or institution, give street address location) HOSPITAL OR INSTITUTION <i>546 North Brighton</i>		e. STREET ADDRESS <i>346 North Brighton</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>IRENE</i> b. (Middle) <i>HENRIETTA</i> c. (Last) <i>MENTCH</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan-14-1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 29-1888</i>
9. AGE (In years last birthday) <i>65</i>		10. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTH PLACE (City and State or Foreign Country) <i>Kansas City, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Joseph Flacker</i>	
13b. MOTHER'S MAIDEN NAME <i>Minnie Fannel</i>		14. NAME OF HUSBAND OR WIFE <i>William Augustus Mentch</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>W.A. Mentch</i>		ADDRESS <i>346 N. Brighton</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hepatic pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <i>Congestive Heart Failure</i>		<i>4 hrs</i>
DUE TO (c) <i>Nephrosis</i>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death. Probably Sarcoma left Pelvis.</i>		<i>—</i>
19a. DATE OF OPERATION <i>12-2-53</i>	19b. MAJOR FINDINGS OF OPERATION <i>Hydro nephrosis, Left.</i>		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) m.	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 *10-10, 1953*, to *1-14, 1954*, that I last saw the deceased alive on *1-13, 1954*, and that death occurred at *1:55 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Liville MD.</i>	23b. ADDRESS <i>25 East 12th</i>	23c. DATE SIGNED <i>1-14-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 16-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Washington Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C.H. Blackman</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>1-16-54 Geraldine Smith</i>		ADDRESS <i>Don Mrs. R.C. Mc</i>

(Licensed Embalmer's Statement on Reverse Side)

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

*W. C. Rinne*

Licensed Embalmer No.

*4879*

P. O. Address

*R. C. Minn*

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.