

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20949

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>205</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> <u>0013</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u> <u>0</u> )		c. LENGTH OF STAY (in this place) <u>3</u> <u>das</u>		c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin Hopsital</u>				e. STREET ADDRESS (If rural, give location) <u>N. Hiway #63, Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Cleo</u>		c. (Last) <u>Mendenhall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>		
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 23, 1922</u>		9. AGE (In years last birthday) <u>32</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>Motel</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Motel &amp; Cafe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>South Gifford, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dow T. Mendenhall</u>			13b. MOTHER'S MAIDEN NAME <u>Nell Mangus</u>			14. NAME OF HUSBAND OR WIFE <u>Marie Hathaway Mendenhall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. II</u>			16. SOCIAL SECURITY NO. <u>487-24-6838</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Mendenhall, Kirksville, 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCULATORY COLLAPSE</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>MEDIASTINAL SHIFT</u> <u>SPONTANEOUS PNEUMOTHORAX WITH HEMOTHORAX</u> DUE TO (c) <u>520x UNCONTROLABLE HEMORRHAGE</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>72 hours</u> <u>72 hours</u>	
19a. DATE OF OPERATION <u>7/29/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>PNEUMOTHORAX WITH HEMOTHORAX. (THORACENTESIS)</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>July 19, 1955</u> , to <u>July 21, 1955</u> , that I last saw the deceased alive on <u>July 21, 1955</u> , and that death occurred at <u>7:56</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Jackl. Amter</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>			23c. DATE SIGNED <u>7/21/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-22-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirksville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 16 1955

AUG 18 1955

AUG 2 1955

JUL 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George W. Daval*

Licensed Embalmer No. *479*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.