

FILED OCT 31 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Lefayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lefayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	c. LENGTH OF STAY (in this place) <u>37 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> 540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial</u>		d. STREET ADDRESS (If rural, city location) <u>Franklin Avenue -</u>	

3. NAME OF DECEASED (Type or Print) <u>NATALIE</u>	a. (First)	b. (Middle)	c. (Last) <u>MEHL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 14 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1909</u>	9. AGE (In years last birthday) <u>46</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Own home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flake, North Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Riba</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine nee Moench</u>	14. NAME OF HUSBAND OR WIFE <u>Lambert Mehl</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>475-05-3340</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lambert Mehl (Concordia, Mo)</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of ovary with generalized metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 17, 1954, to Oct 14, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Brady, M.D.</u> (Degree or title)	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>10/15/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concordia St Paul's</u>	24d. LOCATION (City, town, or county) (State) <u>Concordia Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 17 - 1955</u>	REGISTRAR'S SIGNATURE <u>Minnie E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harriet F. ...</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

0961 3 @ 3677

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.....

Licensed Embalmer No.

P. O. Address.....

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.