

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12421

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2240 N. 22nd Street</u> <u>81170</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathryn</u>		b. (Middle)	c. (Last) <u>Mendenhall</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1956</u>		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>April 7, 1919</u>	9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Storm Lake, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ivan L. Mendenhall jr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>483-03-4702</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ivan L. Mendenhall St. Joseph, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanocarcinoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>190X</u> <u>Sept. 1955 Mayo Clinic</u> <u>Removal of Mole on right leg at Downers Grove, Ill.</u>	
19a. DATE OF OPERATION <u>Feb. 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exc. Metastatic Nodules from Groin at Downers Grove, Ill.</u>	
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) (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 <u>Sept. 9, 1955</u> , to <u>April 16, 1956</u> , that I last saw the deceased alive on <u>April 16, 1956</u> , and that death occurred at <u>1:40A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John R. McDaniel M.D.</u>		23b. ADDRESS <u>902 Edmund St. St. Joseph</u>	
23c. DATE SIGNED <u>4/18/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 17, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer, Fleeman</u>		ADDRESS <u>St. Joseph, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Albert B. Farrington*.....
Licensed Embalmer No. 325

P. O. Address St. Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.