

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014329
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1910

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in 1b 15 years		d. STREET ADDRESS (If outside, give location) 4025 PROSPECT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle FREDRICK Last MEHRING				4. DATE OF DEATH Month April Day 11 Year 1958			
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-5-82		9. AGE (In years last birthday) 76 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) Retired- BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY Soldier- U.S. ARMY		11. BIRTHPLACE (City and state or country) Berlin, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Reinholdt Mehring			13b. MOTHER'S MAIDEN NAME Bertha UNKNOWN		14. NAME OF HUSBAND OR WIFE Gladys M. MEHRING		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 496-10-1441		17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition, severe						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Carcinoma urinary bladder with massive liver metastases							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 11, 1958 to April 11, 1958 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Neva Minshall</i>			(Degree or title) 3		22b. ADDRESS 1034 Realty Bldg		22c. DATE SIGNED 4-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE APRIL 15, 1958		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) FT. LEAVENWORTH, KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SAWS				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 4-14-58	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

Doctor, coroner, etc.: most use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 _____

Signed *Chester K Brown*

Signature of Student Embalmer

STATE OF MISSISSIPPI

STATE OF MISSISSIPPI

Licensed Embalmer No. 4931

P. O. Address K E M D

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

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