

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045140

FILED VS DEC 19 1960

38

Primary Registration District No. 2006

Registrar's No. 695

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 27 Days		c. CITY OR TOWN Elmer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischell Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle James Last Mendenhall			4. DATE OF DEATH Month 12 Day 14 Year 1960				
5. SEX 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 6-23-1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Macon County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Nathaniel B. Mendenhall			13b. MOTHER'S MAIDEN NAME Lorina I. Todd		13c. NAME OF HUSBAND OR WIFE Icy Mendenhall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized debility DUE TO (b) Metastatic Leiomyosarcoma DUE TO (c) Leiomyosarcoma jejunum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 wks 3 Mo 1 yr. 3 Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 10:30 a.m. 12/17/60 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 12/17/60 COUNTY STATE	
21. I attended the deceased from 11/17/60 to 12/14/60 and last saw her/him alive on 12/14/60 Death occurred at 10:30 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. B. Sheld (Degree or title) M.D.				22b. ADDRESS Ellis Fischell Hosp.		22c. DATE SIGNED 12/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-15-1960		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) S. Gilman City, Mo	
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. Dec. 15, 1960		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Reeves

Licensed Embalmer No. 510

P. O. Address Columbia

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