

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017112

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 463 D

FILED MAY 29 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Mo.</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Rogersville</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. #1</b>
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>ANN</b> Last <b>MENDENHALL</b>		4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-20-1881</b>
9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Webster Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Lassley</b>		13b. MOTHER'S MAIDEN NAME <b>Maratha Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Eli</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Alene Fincher Rogersville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Conjunctive Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Arteriosclerotic Heart Disease, Atrial Fibrillation, Cor 3 yrs. &amp; Cerebral Thrombosis &amp; Rto. Hemiplegia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>5 days</b> <b>10 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Psilonephritis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. 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	COUNTY	STATE
21. I attended the deceased from <b>11/3/58</b> to <b>5/7/61</b> and last saw her alive on <b>5/7/61</b> Death occurred at <b>11:50 A M</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>David H. Hall</b> (Degree or title)		22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>5/19/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 11, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kissee Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Webster Co., Missouri</b>
24. FUNERAL DIRECTOR <b>H. E. Russell</b> ADDRESS <b>Rogersville, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-23-61</b>	26. REGISTRAR'S SIGNATURE <b>Officer M. M. ...</b>	

**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 Wm K. Terrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo

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.