

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-039994

STATE FILE NUMBER

Filed in District No. 11 1961 Primary Registration District No. 3000 Registrar's No. 354

AMENDED

DATE AMENDED: 1/10/62, 1/10/62
 ITEM NO. SHOULD READ: 2b, 3a Stark & Jesse, 13b Lena Yockey
 INSTEAD OF: Henry & James, Lena Yockey
 BY AFFIDAVIT OF Funeral Director: DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>Kirkville, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Stark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville, Missouri</u>		Length of stay in 1b <u>8</u> days	c. CITY OR TOWN <u>Toulon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>109 South Miller</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James Jesse</u> Middle <u>E.</u> Last <u>Mehl</u>			4. DATE OF DEATH Month <u>12</u> Day <u>6</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-3-1890</u>
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pike County Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Mehl</u>	
13b. MOTHER'S MAIDEN NAME <u>Lena Yockey Yockey</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Mehl</u>	
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.	
17. INFORMANT <u>Mrs Jesse Mehl, Toulon, Ill.</u>		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) <u>CANCER OF HEAD OF PANCREAS</u> DUE TO (b) <u>WITH Biliary Tract obstruction</u> DUE TO (c) <u>AND WIDE SPREAD CANCER OF LIVER</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC CORONARY DISEASE AND ARTERIOSCLEROSIS</u>			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 _____ 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 <u>11-24-61</u> to <u>12-6-61</u> and last saw him alive on <u>12-5-61</u> . Death occurred at <u>1:35 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Karl Laughlin Jr Do</u>		22b. ADDRESS <u>Kirkville, Mo</u>	
22c. DATE SIGNED <u>12-6-61</u>		23. NAME OF CEMETERY OR CREMATORY <u>Evergreen Memorial</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-9-1961</u>	
23c. LOCATION (City, town, or county) <u>Toulon Illinois</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Kidd Funeral Home, Toulon Ill</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Pattiff</u>			

APR 10 1962

DEC 22 1961

EARL LAUDHLIN, JR. D.O.

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 Robert B. Davis

Licensed Embalmer No. 4219
P. O. Address Kirksville, 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.