

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0006102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 44 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 17 1964		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry Co.</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton, Mo.</u>		c. CITY OR TOWN <u>Urich</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzels</u>		d. STREET ADDRESS <u>R.R. #1</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>David</u> Middle <u>Troy</u> Last <u>Mendenhall</u>		Month <u>Feb.</u> Day <u>7</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
			<u>Clinton, Mo.</u>
13a. FATHER'S NAME <u>Harold Scott Mendenhall</u>		13b. MOTHER'S MAIDEN NAME <u>Selma Janice Colleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Sylvia Mendenhall Urich Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Cardiac arrest.</u>		<u>8 min</u>	
DUE TO (b) <u>St. indirect inguinal hernia, operated</u>		<u>8 mo</u>	
DUE TO (c)			
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.	
<u>Hypertrophy of Myos -</u>		<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 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>Jan 1964</u> to <u>death</u> and last saw him ^{her} alive on <u>2-7-64</u> . Death occurred at <u>9:15 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>Carroll K. Wetzels, M.D.</u>		22b. ADDRESS <u>Clinton, Mo.</u>	
		22c. DATE SIGNED <u>2-9-64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETERY OR CREMATORY	
<u>2-9-1964</u>		<u>Urich Cemetery Urich Mo. Henry Co</u>	
24. FUNERAL DIRECTOR <u>Brown & Brown Urich</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1964</u>	
		26. REGISTRAR'S SIGNATURE <u>Mildred Bigano</u>	

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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 _____
Signature of Student Embalmer

Signed *H. J. Vansant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

Permit Obtained
2-11-64
(M15)