

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

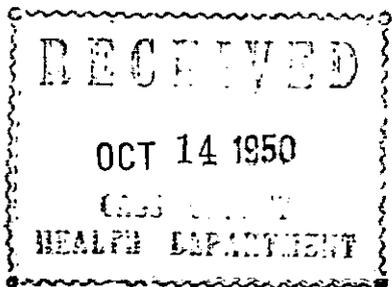
State File No. 32927

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5229 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Polk</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Polk Twp</u>	
c. LENGTH OF STAY (in this place) <u>28 years</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles S.E. of Pleasant Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles S.E. Pleasant Hill</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles S.E. of Pleasant Hill</u>	
3. NAME OF DECEASED a. (First) <u>Fannie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Mehrer</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>6</u> (Year) <u>50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) <u>52</u>
11. BIRTHPLACE (State or foreign country) <u>Raytown - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Riggs</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore Mehler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Mehler Pleasant Hill Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>5-16-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>1 yr</u> <u>170X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-29</u> , 19 <u>47</u> , to <u>10-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>50</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Leonard MD</u>		23b. ADDRESS <u>Pleasant Hill Mo</u>	23c. DATE SIGNED <u>10-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Missouri</u>		24e. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u> ADDRESS <u>Pleasant Hill, Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed.....

William L. Anderson

Licensed Embalmer No.

4674

P. O. Address

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