

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1951

State File No. 23667

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4716		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Elk River Twp.		c. LENGTH OF STAY (in this place) 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Elk River Twp.		d. STREET ADDRESS (If rural, give location) Anderson Rt. 2	
3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Grace c. (Last) Mentzer			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 14, 1896		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Fordland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Hays		13b. MOTHER'S MAIDEN NAME Cora Knight		14. NAME OF HUSBAND OR WIFE Dwight A. Mentzer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 399-142530		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dwight A. Mentzer Anderson, Rt. 2, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrositis DUE TO (c) Chronic Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 May , 1951, to July 29 , 1951, that I last saw the deceased alive on July 19 , 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. D. Fountain D.O.				23b. ADDRESS Wool Mo		23c. DATE SIGNED July 30, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 7-30-51		REGISTRAR'S SIGNATURE Mayne Humphrey		25. GENERAL DIRECTOR'S SIGNATURE John B. Papineau		ADDRESS Goodman, Missouri	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 11 1921

Dist. File 821-1490

Date Filed 8-11-21

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.