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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14366

FILED APR 25 1953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1795

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (If this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4627 East 8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3198
d. STREET ADDRESS (If rural, give location): 4627 East 8th 8

3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle): Sankey
c. (Last): Mendell

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 30, 1877
9. AGE (In years last birthday): 75 — 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): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel
11. BIRTHPLACE (State or foreign country): Kansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jonas Mendell
13b. MOTHER'S MAIDEN NAME: Sarah Parrish
14. NAME OF HUSBAND OR WIFE: Hester Irene Mendell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 487-05-4077
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hester Mendell ADDRESS: 4627 East 8th

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Prostate with

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Skeletal Metastisis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Congestive H. (Heart) Failure

INTERVAL BETWEEN ONSET AND DEATH: 177

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Transurethral Resection —
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 - , 1951, *to* March 31, 1953, *that I last saw the deceased alive on* March 15, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul A. G. Johnson (Degree or title): Paul A. G. Johnson M.D.
23b. ADDRESS: 5111 Indep. Ave.
23c. DATE SIGNED: 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 4-3-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: C. H. Blackman & Son Inc. ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul
A. S. Johnson

dec. 7943

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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