

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2236**

FILED FEB 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Crosstown Mo.</b>		c. CITY OR TOWN <b>Crosstown Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>0790</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martin</b> b. (Middle) <b>J.</b> c. (Last) <b>Mehner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 27 1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 15 1878</b>	9. AGE (In years last birthday) <b>77</b>	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) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Frederich Mehner</b>		13b. MOTHER'S MAIDEN NAME <b>Elezabeth Hellemann</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Mehner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dora Mehner</b> ADDRESS <b>Crosstown Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral carcinomatosis</b>		<b>1 year</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Carcimona of stomach</b> DUE TO (c) <b>Cerebral arteriosclerosis</b>		<b>2 years</b> <b>2 years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>	

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 6-4 <sup>1955</sup>, to 1-27, 1956, that I last saw the deceased alive on 1-27-56, 1956, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. F. Haischild, M.D.</b>	23b. ADDRESS <b>Perryville, Mo.</b>	23c. DATE SIGNED <b>1-30-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 30 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Crosstown Mo.</b>		

DATE REC'D BY LOCAL REG. <b>1-31-56</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b> <b>250</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo.</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
*Edward J. Sperry*

Licensed Embalmer No. 213

P. O. Address Peruville

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.