

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24561

FILED JUL 24 1956

State File No.

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Perryville</u>)		c. CITY OR TOWN <u>Crosstown</u>	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) <u>1 hr.</u>		e. STREET ADDRESS (If rural, give location) <u>0790</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hulda</u>	b. (Middle) <u>Emilie</u>	c. (Last) <u>Mehner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1956</u>
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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>April 11, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Farrar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Johann Wahlers</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Stelling</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Mehner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-30-8851</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Mehner</u>	ADDRESS <u>Crosstown, Missouri</u>
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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) <u>Hypertensive Arteriosclerotic Heart Disease</u>		<u>2 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>1. obesity</u> <u>2. Osteoarthritis</u>		<u>years</u> <u>5 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-28, 1956 to 7-7, 1956 that I last saw the deceased alive on 7-7, 1956 and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. F. Fairchild, M.D.</u>	23b. ADDRESS <u>Perryville, Mo.</u>	23c. DATE SIGNED <u>7-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crosstown, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-1956</u>	REGISTRAR'S SIGNATURE <u>Josef Zoellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250

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..... *Wallace Young*

Licensed Embalmer No. *402*

P. O., Address *Perryville*

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.