

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17235
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2044</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (In this place) <u>18 Days</u>		c. CITY OR TOWN <u>Lincoln</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUIS</u>		b. (Middle) <u>K</u>		c. (Last) <u>Mehrens</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April, 28 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 16, 1914</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Mehrens</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Kunlot</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Mehrens.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Mehrens. Lincoln, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</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 stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15th</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>17 months</u>	
19a. DATE OF OPERATION <u>12/13/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive adenocarcinoma of stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11/25</u> , 19 <u>55</u> , to <u>April 28th</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>April 27th</u> , 19 <u>57</u> , and that death occurred at <u>7th</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward H. Klein M.D.</u>				23b. ADDRESS <u>KC-12, Mo. Plaza Med. Bldg.</u>		23c. DATE SIGNED <u>4/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>4/29/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emanuel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-57</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton L. Kelley</u>		ADDRESS <u>Indep. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward H. Klein



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..... *Difon L. Taylor*

Licensed Embalmer No. *422*

P. O. Address..... *Sidep 4*

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.