

S. No. 300
V. 10.48
10800

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42277

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>171</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> <u>2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>11</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>			c. LENGTH OF STAY (In this place) <u>1275 M 20.5</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kansas City, Co Infirmary</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Co Infirmary</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 Nevada Mo</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>-</u> c. (Last) <u>Merrifield</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>27</u> (Year) <u>1948</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9-11-1897</u>		9. AGE (In years last birthday) <u>51</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	11. IF UNDER 18 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>			12. CITIZEN OF WHAT COUNTRY? <u>Jackson</u>	
13a. FATHER'S NAME <u>Frank Merrifield</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None Married</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 <u>Records State Hospital #3 Nevada Mo</u>				ADDRESS <u>Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> <u>51B</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver - Bladder & Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input checked="" 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? <u>-</u>				
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>46</u> , to <u>12-27-</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-27-</u> , 19 <u>48</u> , and that death occurred at <u>10:20 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Burch M. D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3 Nevada Mo</u>		23c. DATE SIGNED <u>12-27-48</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-29-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>Kathryn Yancus</u> <u>331</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Marsh, Cichinger</u>			ADDRESS <u>Nevada Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 12-48-1524

Date Filed 1-5-49

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 not.....

Student Embalmer No.

working under my personal supervision.

Signed Marsh Eichinger.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevala 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.