

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4004

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hudson Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Hudson</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home NW 1/4 Appleton City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gates</u> b. (Middle) <u>Patmer</u> c. (Last) <u>Merryfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 30 1865</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>7</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle Feeder</u>	
11. BIRTHPLACE (State or foreign country) <u>Rockford Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Abram Elson Merryfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Beadys M. Wyckoff</u>		ADDRESS <u>Appleton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>154X</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>Aug 14, 1946</u> to <u>23 Feb, 1949</u> , that I last saw the deceased alive on <u>16 Feb, 1949</u> , and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. ... M.D.</u>		23b. ADDRESS <u>Appleton City Mo</u>	
23c. DATE SIGNED <u>25 Feb 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26. 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 1-1949</u>		REGISTRAR'S SIGNATURE <u>Randall Kerney</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>		ADDRESS <u>Appleton City Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 309
10.48

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RECEIVED

District Health Officer No. 7,

District File Number 2-49-180

Date Filed 3-7-49

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 _____

me on the 29-day of Feb 1949

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.