

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11433

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

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (In this place) <u>42 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 South Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>314 South Monroe</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murray</u>		b. (Middle) <u>David</u>		c. (Last) <u>Merrell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1949</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>July 12<sup>th</sup> 1883</u>		
9. AGE (In years last birthday) <u>66</u>		If under 1 year: Months <u>2</u> Days <u>8</u>		If under 1 year: Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Palls Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. H. Merrell</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Scott Merrell</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth C. Merrell</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>Elizabeth C. Merrell</u>		ADDRESS <u>Vandalia Mo</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cancer of Prostate</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) m.		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>July 1949</u> , to <u>April 20, 1949</u> , that I last saw the deceased alive on <u>April 19, 1949</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. F. Blaudine</u>				23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>4/22/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VANDALIA Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 22 1949</u>		REGISTRAR'S SIGNATURE <u>Mollie Fugate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Hater</u>		ADDRESS <u>Vandalia Mo</u>		

MAY 10 1949

MAY 5 1949

DOCT 7 1953

RECEIVED

District Health Officer No. 10

District File Number 4-49-72

APR 27 1949

Date Filed APR 27 1949

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.

Signed Ann B. Stater

Signed.....  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.