

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JUN 20 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 536

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>	
c. LENGTH OF STAY (In this place) <b>17 days</b>		d. STREET ADDRESS (If rural, give location) <b>731 S. Lafayette St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Reilly VAH, Springfield, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>MERTWETHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 14 1949</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>NOV. 10, 1913</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Days <b>4</b> Hours <b>3</b> Min. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>PIGGOTT, ARKANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>TRA MERTWETHER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>YES 5-3-32 to 8-9-34</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA RECORDS SPRINGFIELD, MISSOURI</b>	ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, Pulmonary, Chronic, Far Advanced, Active.</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>002X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 MAY 28, 1949, to JUNE 14, 1949, that I last saw the deceased alive on JUNE 14, 1949, and that death occurred at 12:10a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. L. Etsele</b> (Degree or title) <b>( )</b>	23b. ADDRESS <b>O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI</b>	23c. DATE SIGNED <b>JUNE 14, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JUNE 14, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNKNOWN</b>	24d. LOCATION (City, town, or county) (State) <b>PIGGOTT, ARKANSAS</b>
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DATE REC'D BY LOCAL REG. <b>6/15/49</b>	REGISTRAR'S SIGNATURE <b>W. J. Shudley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Borman</b> ADDRESS <b>Springfield, Mo.</b>
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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 \_\_\_\_\_

*Gene Hunter*

Student Embalmer No. 291

working under my personal supervision.

Student *Gene Hunter*  
Student Embalmer

Signed *Lewis B. Schaff*

Licensed Embalmer No. 3802

P. O. Address *Springfield, 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.