

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19933

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Blue Springs		c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs	
c. LENGTH OF STAY (in this place) 27 Yrs		d. STREET ADDRESS (If rural, give location) Woods Chapel Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woods Chapel Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Ray	b. (Middle) Delaplane	c. (Last) Mering	4. DATE OF DEATH (Month) (Day) (Year) 5-23-49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1889	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Co. Exc.	10b. KIND OF BUSINESS OR INDUSTRY Socony Oil Co.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John W. Mering	13b. MOTHER'S MAIDEN NAME Addie Delaplane	14. NAME OF HUSBAND OR WIFE Clara Vollmer Mering
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara V. Mering	ADDRESS Blue Spgs., Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11-2-1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		
	DUE TO (c) Treated by Dr Baughman		
	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 no post mortem	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Paternal</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:11 PM 11/11	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I, hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Donald C. Earnshaw</i> (Degree or title)	23b. ADDRESS 1034 Pilsbury Bldg	23c. DATE SIGNED 5-24-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-25-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Great Bend, Ks.
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DATE REC'D BY LOCAL REG. 5-26-49	REGISTRAR'S SIGNATURE <i>Donald C. Earnshaw</i> 398	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Curran

JUN 20 1949

JUN 20 1949

JUN 21 1949

FEB 16 1955

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
Student Embalmer

Signed _____

May E. Major

Licensed Embalmer No. *3554*

P. O. Address *Kennett, 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.