

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36671

State File No. _____

BIRTH NO. 48052-49 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 4128 Registrar's No. 127

24

00

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town/ship) <u>Missouri City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Missouri City</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u></u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>John</u> c. (Last) <u>Merrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-49</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>8-12-49</u>		9. AGE (In years last birthday) <u>3</u> Months <u>10</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Liberty, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>			

13a. FATHER'S NAME <u>John William Merrill</u>		13b. MOTHER'S MAIDEN NAME <u>Eilene Pankaria</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Merrill, Mo. City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition & Dehydration</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</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. INTERVAL BETWEEN ONSET AND DEATH <u>1720</u>			
---	--	---	--	--	--

19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-----------------------------------	--	---	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>		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 _____, 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 (Degree or title) <u>D. J. Pate, M.D., Coroner 3</u>		23b. ADDRESS <u>North Kansas, Mo</u>		23c. DATE SIGNED <u>11/22/49</u>	
--	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u></u>	
				24d. LOCATION (City, town, or county) (State) <u>Kanopolis, Kansas</u>	

DATE REC'D BY LOCAL REG. <u>11/22/49</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tyler Pasley Funeral Home</u>	
				ADDRESS <u>Chaney, Mo.</u>	

RECEIVED
DEC 5
Missouri State Board of Health

Case No. _____
Date Filed 12-9-19

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 or

or

Student Embalmer No. 15

working under my personal supervision.

Student xx
Student Embalmer

Signed Charles F. Tyb

Licensed Embalmer No. 45314

P. O. Address Liberty 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.