

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36850

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>119</u> | | PRIMARY REG. DIST. NO. <u>4192</u> | | Registrar's No. <u>7</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Gasconade GASCONADE | | b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Morrison</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Morrison, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>000</u> | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Henry</u> | | b. (Middle) <u>John</u> | | c. (Last) <u>Mertens</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) | | 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>JAN-31-1868</u> | | 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lead Creek, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>KOENZ-MERTENS</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruhmann</u> | | 14. NAME OF HUSBAND OR WIFE <u>ANNA D. MERTENS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edw. H. Mertens</u> ADDRESS <u>Morrison, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERIPHERAL CIRCULATORY COLLAPSE</u> | | DUE TO (b) <u>TOXEMIA</u> | | | | 48 HOURS | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>TERMINAL PNEUMONIA</u> | | | | 72 HRS. 5 MINS | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY AND ARTERIOSCLEROSIS (MARKED)</u> | | | | 7950 | |
| 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>APRIL 28th</u> , 19 <u>43</u> , to <u>NOV. 17th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>NOV. 17th</u> , 19 <u>49</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edw. H. Mertens</u> | | | | 23b. ADDRESS <u>Morrison, Mo.</u> | | 23c. DATE SIGNED <u>11/17/1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/17/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Margaret's</u> | | 24d. LOCATION (City, town, or county) (State) <u>Morrison, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/17/49</u> | | REGISTRAR'S SIGNATURE <u>Edmund Miller</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Hermsdorf</u> ADDRESS <u>Morrison, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

37
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5

RECEIVED
DEC 3 1919
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Signed.....
Student Embalmer

Signed

August Blumer

Licensed Embalmer No. 3160

P. O. Address Hermain 7th

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.