

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7807**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 338

0110

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Washington, Twsp. St. Joseph (Rural)		c. LENGTH OF STAY (in this place) 60 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 6, Kirschners Addition		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph (Rural)	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) C c. (Last) MERKLE		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 23, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (in years last birthday) 83 IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 12 HRS. Hours 18 Min.
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Fred Merkley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Ziph, Rt. 6, St. Joseph, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcenoma of Rectum with general Metastasis INTERVAL BETWEEN ONSET AND DEATH 18 Years ANTECEDENT CAUSES DUE TO (b) Rheumatic heart disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X	
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 Nov. 10, 1950 , to 3-11- , 1950, that I last saw the deceased alive on 3-11- , 1950, and that death occurred at 3:15 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Mohammed Sabir M.D.		23b. ADDRESS 228 Illinois Ave. St. Joseph	
23c. DATE SIGNED 3-13-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/13/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24d. LOCATION (City, town, or township) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Illinois Ave.	
DATE REC'D BY LOCAL REG. Mar 23, 1950		REGISTRAR'S SIGNATURE L. B. Jenkins 382	

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 *Emil Clark*

Signed _____
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address *St. Joseph 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.