

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12167

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Volume 7, 14 canceled by order of Internal Division 12/17/59
1422
29
3/25/47
Benton Co. Gen. Register No. 310

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>64-11M-28a</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EULA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>MERSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 19 1950</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9 1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Eller</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</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>Chronic fibrosing myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Cardiac hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>Mar 17, 1950</u> , to <u>Apr 19, 1950</u> , that I last saw the deceased alive on <u>Apr 19, 1950</u> , and that death occurred at <u>4:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph Hanko MD</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>4/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 22 1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Bollev</u>	
						ADDRESS <u>Boonville</u>	

RECEIVED
MAY 2 1950
District Health Officer No. 9,
District File Number

MS
DEC 17 1959

MS
JAN 20 1960

MS
NOV 18 1959

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 Walter E. Meyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 12167

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this _____ day of December, 1959, before me appears _____

_____ who, upon his oath, states that the original record of ^{birth} death
for Marie ~~Eula~~ (Mrs. Farland) Mersey ~~W.H.~~ ^{died} April 2nd 19⁵⁰, 1950 in the State of
Missouri, and which was filed at Jefferson City, Missouri on April 22, 19⁵⁰, should be corrected as follows:

Item No. 7 should read divorced

Instead of married

Item No. 14 should read none

Instead of W.H. Mersey

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

G. F. Bolles
Boonville, Mo ^{Funeral Director}
Present Address

Relationship

Subscribed and sworn to before me this 14th day of December, 1959

My Commission expires October 14-1961 J. F. Mummey Notary Public.

3. A surname is changed by court order or by adoption or legitimation procedures.