

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19231

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN Kirksville
c. LENGTH OF STAY (in this place) 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN LaPlata 0610
d. STREET ADDRESS (If rural, give location) 319 West Davis St. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Louella b. (Middle) Mercer c. (Last) Mercer
4. DATE OF DEATH (Month) (Day) (Year) June 20, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 31, 1890 9. AGE (In years last birthday) 60
IF UNDER 1 YEAR Months 2 DAY 20 IF UNDER 1 HR. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES EMERSON 13b. MOTHER'S MAIDEN NAME BETTIE STURIN
14. NAME OF HUSBAND OR WIFE Robert Truman Mercer

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 ADDRESS
Robert Truman Mercer LaPlata, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA BRAIN
INTERVAL BETWEEN ONSET AND DEATH 2 Mo
ANTECEDENT CAUSES DUE TO (b) PRIMARY CARCINOMA IN PELVIS 10-12 Mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
1491

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-10, 1950, to 6-20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 9:31p m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS [Address] 23c. DATE SIGNED 6-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6/23, 1950 24c. NAME OF CEMETERY OR CREMATORY LAPLATA 24d. LOCATION (City, town, or county) (State) LAPLATA - MO

DATE REC'D BY LOCAL REG. 6-23-50 REGISTRAR'S SIGNATURE [Signature] 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] [Address]

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

JUL 3 1950
RECEIVED
District Health Officer No. 10
District File Number 6-50-1058
Date Filed

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 Loth B. Casley Jr
.....

Licensed Embalmer No. 3755

P. O. Address Furdauld Ms

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.