

FILED JUL 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25778

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 108

1. PLACE OF DEATH  
a. COUNTY Scott  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. #1 Sikeston, Mo  
c. LENGTH OF STAY (In this place) 56 years  
d. FULL NAME OF HOSPITAL OR INSTITUTION Home R. I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Scott  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. #1 Sikeston, Mo  
d. STREET ADDRESS (If rural, give location) R.I

3. NAME OF DECEASED (Type or Print)  
a. (First) Louis b. (Middle) \_\_\_\_\_ c. (Last) Merick

4. DATE OF DEATH (Month) (Day) (Year)  
7 1 1950

5. SEX 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 9/5/1880

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR 9 MONTHS 26 IF UNDER 12 HOURS Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm

10b. KIND OF BUSINESS OR INDUSTRY Owner

11. BIRTHPLACE (State or foreign country) Lion Co Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Merick

13b. MOTHER'S MAIDEN NAME Martha Unknown

14. NAME OF HUSBAND OR WIFE Sikeston, Ader Merick R.F.D. #1

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. X

17. INFORMANT'S SIGNATURE OR NAME James Merick (R.F.D. #1) Sikeston ADDRESS \_\_\_\_\_

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) Malnutrition due to  
ANTECEDENT CAUSES Carcinoma of bowel  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 yrs  
1 yr.  
153X

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION  
0

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 Mar, 1950, to July 1, 1950, that I last saw the deceased alive on 30 June 1950, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE H. B. Prognator (Degree or title) \_\_\_\_\_

23b. ADDRESS Sikeston, Mo

23c. DATE SIGNED 4 July 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/2/50

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem

24d. LOCATION (City, town, or county) (State) Sikeston, Mo

DATE REC'D BY LOCAL REG. July 10-50

REGISTRAR'S SIGNATURE Mrs. Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE Hunter Albritton ADDRESS Sikeston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17

SCOTT COUNTY HEALTH

CO. FILE NO. 750

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. 362.....

Signed Billy Payne Haykins  
Student Embalmer

Signed John Allerton.....

Licensed Embalmer No. 2941.....

P. O. Address Spurgeon Ave.....

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.