

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27963

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Farmington RURAL St. Francois</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Peach Orchard 1110</b>	
c. LENGTH OF STAY (in this place) <b>7 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 4, Farmington, Mo.</b>			

3. NAME OF DECEASED a. (First) <b>MINNIE</b> b. (Middle) <b>MERRIMAN</b> c. (Last) <b>MERRIMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 9, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 27, 1890</b>	9. AGE (in years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Sam Scritchfield</b>		13b. MOTHER'S MAIDEN NAME <b>Martha B. Lovins</b>		14. NAME OF HUSBAND OR WIFE <b>William Merriman</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Records, State Hospital No. 4, Farmington, Missouri</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inanition - - - - -</b>				INTERVAL BETWEEN ONSET AND DEATH <b>11 das.</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Acute Catatonic state - - - - -</b>				<b>4 wks.</b>	
		DUE TO (c) <b>Psychosis, undiagnosed - - - - -</b>				<b>Abt. 2 mos.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>309X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug. 2, 1950, to Aug. 9, 1950, that I last saw the deceased alive on Aug. 9, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John D. Brennan M.D.</i>		23b. ADDRESS <b>Farmington, Mo. State Hospital No. 4</b>		23c. DATE SIGNED <b>Aug. 11, 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 10, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clarkton, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 13, 1950</b>		REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Undertaking Co, Gideon, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1940  
2

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 22 1950

RECEIVED

**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.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.