

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39494**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **220**

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1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>58 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>585 West Arrow</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
		d. STREET ADDRESS (If rural, give location) <b>585m West Arrow</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ray</b> b. (Middle) <b>Edmond</b> c. (Last) <b>Merrell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 10-50</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>May 4-1896</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Factory</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lasting Dept.</b>	11. BIRTHPLACE (State or foreign country) <b>Wakenda, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>J.W. Merrell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary C. Winfrey</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Merrell-Divorced</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War 1</b>	16. SOCIAL SECURITY NO. <b>493-12-5404</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Merrell-Marshall</b> ADDRESS <b>Missouri</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Asthma</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT HOME	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Investigated the death Nov 10, 1950**, to **1950**, that I last saw the deceased alive on **19**, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P.L. Lawless, Coroner Saline Co. 33</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>11-11-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/13/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wakenda Baptist Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Wakenda, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>Nov-13-1950</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray 385</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Sweeney</b> ADDRESS <b>Marshall, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-26-50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 11-20-50 -----

NOV 21 1950

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 *J. Leola Swanson* -----

Licensed Embalmer No. 32135 -----

P. O. Address *Marshall, 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.