

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3045 State File No. 41514
REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5284 Registrar's No. 92

0672
1

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi 0672	
b. CITY OR TOWN Charleston		c. CITY OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 Thorn Street—residence		d. STREET ADDRESS (If rural, give location) 110 Thorn St. Res.	
3. NAME OF DECEASED (Type or Print) a. (First) Marv b. (Middle) Josephine c. (Last) Merrick		4. DATE OF DEATH (Month) (Day) (Year) 12/2/1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (State or foreign country) Rabbit Hash, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Riggs		13b. MOTHER'S MAIDEN NAME Sally Gordon	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noel Pike, 110 Thorn St., Charleston, Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 _____, 1947, to 12/2, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred about 2A m., from the causes and on the date stated above.			
23a. SIGNATURE E. Cheseloving (Degree or title) M. D.		23b. ADDRESS Charleston, Mo	
23c. DATE SIGNED 12/4/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/4/1950	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo	
DATE REC'D BY LOCAL REG. Dec. 13, 1950		REGISTRAR'S SIGNATURE Mrs. J. Riggs 439	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS THE NUGGET FUNERAL CHAPEL, Charleston, Mo	

DEC 15 1950

RECEIVED

Miss. Co. Health Dept

County File No. _____

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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 John T. Nunnelle Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.