

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1897

State File No.

0681
5

FILED JAN 25 1951

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marys Home, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Henry Home for aged</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del. Marys Home, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Mertens</u>		c. (Last) <u>Mertens</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 17, 1863</u>		9. AGE (In years last birthday) <u>87</u> # UNDER 1 YEAR Months <u>9</u> # UNDER 2 WEEKS Days <u>23</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. J. Mertens</u>		ADDRESS <u>Centertown Mo</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/3/51</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>apoplexy</u>		DUE TO (c)		<u>12/30/50</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>334 X</u>	
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) <u>California Moniteau Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May 1, 1948</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on <u>Jan 9, 1951</u> and that death occurred at <u>11:40 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. J. Mertens D.O. California</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>1/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery.</u>	
24d. LOCATION (City, town, or county) (State) <u>Marys Home, Mo.</u>		DATE REC'D. BY LOCAL REG. <u>1-12-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Boulton</u>		ADDRESS <u>California</u>			

RECEIVED 1-24-51

DISTRICT HEALTH OFFICE No.

District File Number _____

Date Filed 1-24-51

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 _____

Jack H. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack H. Bowlin
Student Embalmer

Signed Ernest R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.