

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9427**

FILED MAR 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3834** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>TENNESSEE</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NASHVILLE TENN 8410</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEOSHO TWP</b>		d. STREET ADDRESS (If rural, give location) <b>1304 E. Douglas Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>MAXINE R. MERCER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 13 1951</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 30 1921</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>13</b>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School TEACHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School TEACHER</b>	11. BIRTHPLACE (State or foreign country) <b>NEW CASTLE PENN</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>O. W. MERCER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. <b>185-18-4335</b>	17. INFORMANT'S SIGNATURE OR NAME <b>IDENTIFICATION CARD AND FRIENDS</b>	ADDRESS _____
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute throat infection</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Anemia</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 **2-10-1951**, to **3-13-1951**, that I last saw the deceased alive on **3-13-1951**, and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Warren M. Jones</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Neosho, Mo.</b>	23c. DATE SIGNED <b>3-14-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-14-1951</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>NASHVILLE TENN</b>
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DATE REC'D BY LOCAL REG. <b>March 14 1951</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	223	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carly Thompson</b>	ADDRESS <b>Neosho, Mo.</b>
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RECEIVED

District Health Officer No. Dumfries Co. Health Dept.  
District File Number 351-76  
Date Filed 3/23/51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed R. Kenneth Patterson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Needs, 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.