

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12920

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Raytown</u> <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6404 Blue Ridge Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>6404 Blue Ridge Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Merritt</u>	a. (First) <u>J.</u>	b. (Middle) <u>Address</u>	c. (Last) <u>Address</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>19</u> (Year) <u>1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 18, 1874</u>	9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR Months <u>6</u> Days <u>19</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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></u>	11. BIRTHPLACE (State of foreign country) <u>Marshalltown Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Randolph Address</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Meeks</u>	14. NAME OF HUSBAND OR WIFE <u>Mame J. Address</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mame J. Address</u> ADDRESS <u>Raytown Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC OCCCLUSION</u>		<u>5 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC SCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>		<u>10 YRS -</u> <u>10 YRS -</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>OLD PARTIALLY HEALED CA. OF FACE 25 YRS</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201 H</u>	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 Feb 16, 1951, to April 7, 1951, that I last saw the deceased alive on Mar 24, 1951, and that death occurred at 9:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>P. J. Johnson M.D.</u> (Degree or title)	23b. ADDRESS <u>Centenary Mo</u>	23c. DATE SIGNED <u>4-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 9-1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Gray</u> ADDRESS <u>Raytown Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0480

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.....

*C. Clark Hegert*

Licensed Embalmer No. *3983*.....

P. O. Address *Raytown, 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.