

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15672

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atiasburg</u> <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>F.</u> c. (Last) <u>Mers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u>				
5. SEX <u>m.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 3 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 YEAR Hours <u>14</u>	IF UNDER 1 MIN. Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentering</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>James M Mers</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Mers</u>	
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>Virginia Mers</u>	
				ADDRESS <u>Atiasburg 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>Hyposstatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intervertebral fracture of neck - exp. femur. fell out of bed April 30 - 1951 -</u>		
	DUE TO (c) <u>Senile Psychosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E 10 46</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)	
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?	

22. I hereby certify that I attended the deceased from Jan 1 1951, to May 17 1951, that I last saw the deceased alive on May 17 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Atiasburg Mo of State Hospital no 2</u>		23c. DATE SIGNED <u>5/17-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casco</u>		446 25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home, St. Joseph, Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1951

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 _____

Kenneth E Hayes
working under my personal supervision.

Student Embalmer No. *428*

Signed *Kenneth E Hayes*
Student Embalmer

Signed *William Spelding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th, St. Paul, Minn.*

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.