

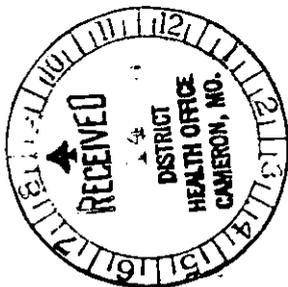
FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27882

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6-964		Registrar's No. 318			
1. PLACE OF DEATH a. COUNTY <u>Platte</u> <u>0830</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY OR TOWN <u>Plattewood</u> <u>Platte</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Plattewood</u> <u>0830</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>(nm)</u> c. (Last) <u>Merritt</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug</u> <u>1</u> <u>51</u>					
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 18 1859</u>			
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Merritt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Luqua</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret ?</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> <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Solma Thompson</u> ADDRESS <u>Parkville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u>				DUPLICATE				DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE				DUPLICATE	
19a. DATE OF OPERATION		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) (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>9/15</u> , 19 <u>50</u> , to <u>8/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>51</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edgar Jennings, M.D.</u>				23b. ADDRESS <u>Parkville Mo.</u>		23c. DATE SIGNED <u>8/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>hamar, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>Rphia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home</u>		ADDRESS <u>hamar</u>			

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



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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 2247

P. O. Address Harriet, 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.