

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coffey</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Coffey</u>	
c. LENGTH OF STAY (In this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Coffey Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coffey Hotel</u>		e. ADDRESS <u>Coffey Hotel</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John Lewis</u> b. (Middle) <u>Merritt</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>7-11-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>68</u>
11. BIRTHPLACE (State or foreign country) <u>Daviess County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Pete Merritt</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Jarrett</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Ruth Burke Gilman City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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 July, 1957, to Oct 20, 1957, that I last saw the deceased alive on Oct 20, 1957, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Baumgardner</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Box 88 Coffey Mo</u>	23c. DATE SIGNED <u>10/22/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey emetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u>

DATE REC'D BY LOCAL REG. <u>24 Oct. 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Englebert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Williamson Funeral Home Gilman City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

J. Gordon Blackman

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Jrenton, Missouri

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.