

FILED DEC 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42415

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 263	
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-NODAWAY TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>074</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u>		b. (Middle) <u>GONDA</u>		c. (Last) <u>MERRITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 6, 1894</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MONETTE MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>RUFUS M. DAWIN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA SIMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE M. MERRITT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JESSE M. MERRITT BURL. JCT 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</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. <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>11/14/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon</u>				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>10/1</u> , 19 <u>57</u> , to <u>12/4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12/4</u> , 19 <u>57</u> , and that death occurred at <u>12 5/2 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. F. Bryant M.D.</u>				23b. ADDRESS <u>Burlington Jct Mo</u>		23c. DATE SIGNED <u>12/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>		24d. LOCATION (City, town, or county) (State) <u>BURLINGTON JCT MO</u>	
DATE REC'D BY LOCAL REG. <u>12-15-51</u>		REGISTRAR'S SIGNATURE <u>Bess Love - 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. M. Burlington Jct Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Signed

J. Brown
Student Embalmer No.....

Licensed Embalmer No. *2965*

P. O. Address *Embl. Dist No.*

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.