

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3920

State File No.

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 23

250
3

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN (rural) <u>Butterfield</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ash Twp.</u>		<u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Seligman Rt.</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>J.</u> c. (Last) <u>Merriman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29, 1952</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>Feb. 10, 1913</u>
9. AGE (In years last birthday) <u>39</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	
13a. FATHER'S NAME <u>John Lewis Merriman</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Howardton</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>Yes 22 Mo. World War 2</u>	
16. SOCIAL SECURITY NO. <u>500-01-0751</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Golder Seligman</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Lung Puncture and Other Internal Injuries</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>005 E 823.4-32</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Highway # 31</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3 mi. north Cassville Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-29-1952 4 P.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Thrown from overturning car.</u>	
I hereby certify that I attended the deceased from <u>19</u> to _____, 19____, that I last saw the deceased <u>alive</u> on <u>2-29-1952</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul D. Herbert</u>		23b. ADDRESS <u>Cassville, Mo.</u>	
23c. DATE SIGNED <u>3-3-1952</u>		23d. SIGNATURE (Degree or title) <u>3 - coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 4, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kings Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seligman Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Herbert</u>		ADDRESS <u>Cassville</u>	

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.