No. 300
10.48

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19657

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 222

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

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 1 yr 8 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrenton 1090
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ARCH b. (Middle) c. (Last) MERGENTHAL

4. DATE OF DEATH (Month) (Day) (Year) June 19 1952

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH July 5-1892
9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months 11 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (State or foreign country) Pardenne Mo O
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thos A Mergenthal
13b. MOTHER'S MAIDEN NAME Emma K Teyen
14. NAME OF HUSBAND OR WIFE Mrs. Ah. Mergenthal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk (If yes, give war or dates of service) dk
16. SOCIAL SECURITY NO. dk
17. INFORMANT'S SIGNATURE OR NAME Hos. Records ADDRESS Fulton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypo pneumonia

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. chr. myocarditis presenile psychoses

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16, 1952 *to* 6-19, 1952, *that I last saw the deceased alive on* 6-19, 1952 *and that death occurred at* 12 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J C Caldwell MD, O
23b. ADDRESS State Hos. Fulton Mo
23c. DATE SIGNED 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11
24b. DATE June 19/52
24c. NAME OF CEMETERY OR CREMATORY D.K.
24d. LOCATION (City, town, or county) (State) Warrenton, Mo.

DATE REC'D BY LOCAL REG. June 21-1952
REGISTRAR'S SIGNATURE Maretta Lawrence O 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieberg Funeral Home Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton, 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.