

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20266

JUL 7 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5520 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Rural - Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Windsor Twp</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>R#4 Windsor 04th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#4 Windsor</u>			

3. NAME OF DECEASED a. (First) <u>ELTA</u> b. (Middle) <u>COLUMBUS</u> c. (Last) <u>MERRITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	
8. DATE OF BIRTH <u>June 12, 1884</u>		9. AGE (in years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Days <u>13</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Crew</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Highway Dept</u>		11. BIRTHPLACE (State or foreign country) <u>Maysville Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Merritt</u>		13b. MOTHER'S MARDEN NAME <u>Menecy Mc Bee</u>	
14. NAME OF HUSBAND OR WIFE <u>Chloe Bennett 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>Mrs E.C. Merritt</u>		ADDRESS <u>Windsor Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		DUPLICATE OF (b) <u></u>				?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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				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)		4343	
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 6-12, 1952, to 6-25, 1952, that I last saw the deceased alive on 6-24, 1952, and that death occurred at 3:00pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray B Jordan MD Windsor</u>		23b. ADDRESS <u>Windsor</u>		23c. DATE SIGNED <u>6-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 2-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		4343	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Furrall

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.