

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29106

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6033 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Gatewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Gatewood</u> <u>0910</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>Gatewood, Mo. Rt. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gatewood, Mo. Rt. # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Gatewood, Mo. Rt. # 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Merfeld</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 9, 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. 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>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Hausep</u>	13b. MOTHER'S MAIDEN NAME <u>Carolyn Heimberg</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-24-4521</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Bolster</u>	ADDRESS <u>Charleston, N.C.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - 3 days</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 _____	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) <u>331X</u>
--	--	---

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 7-23-52 to 7-26-52 that I last saw the deceased alive on 7-23-52, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford Jofort MD</u>	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>7-28-52</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-8-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>277</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. L.H. Edwards</u>	ADDRESS <u>Doniphan, 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.