

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 2

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 OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u> <u>0742</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		d. STREET ADDRESS <u>310 S. Buchanan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>E. Merrigan</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-1-1867</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		10. IF UNDER 100 Hrs. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home-own</u>			11. BIRTHPLACE (State or foreign country) <u>Pittsburg Penna</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Robert Graham</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Keebe</u>			14. NAME OF HUSBAND OR WIFE <u>C.J. Merrigan</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.J. Merrigan</u> ADDRESS <u>Maryville-Mo.</u>			
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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>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>17</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Dec. 1952, to Jan. 1, 1953, that I last saw the deceased alive on Jan. 1, 1953, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. R. Blair M.D.</u>		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>1/8/53</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Conception - Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-10-53</u>		REGISTRAR'S SIGNATURE <u>Bess Bolt 229</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Don Stikman</u> ADDRESS <u>Maryville Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

74 1 2

JAN 26 1954

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 G. M. Peterson

Licensed Embalmer No. Maryville

P. O. Address 2279

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.