

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10709**

MAR 23 1953

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

BIRTH NO. _____		REG. DIST. NO. <b>236</b>		PRIMARY REG. DIST. NO. <b>4352</b>		Registrar's No. <b>14</b>	
1. PLACE OF DEATH a. COUNTY <b>Morgan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Versailles</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles, Mo. 0710</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>Willard</b>		a. (First)		b. (Middle)		c. (Last) <b>Merriott</b>	
4. DATE OF DEATH <b>Mar. 16, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 20-1866</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Merriott</b>		13b. MOTHER'S MAIDEN NAME <b>Emilie Craig</b>		14. NAME OF HUSBAND OR WIFE <b>Susan Carver</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NOne</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Chas. Merriott - Sedalia, Mo.</b>			
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) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension (arterio-sclerotic)</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>15 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>41</b> , to <b>Mar 16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Mar 15</b> , 19 <b>53</b> , and that death occurred at <b>7:00 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. Washburn, M.D.</b>				23b. ADDRESS <b>Versailles Mo</b>		23c. DATE SIGNED <b>Mar 19, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Versailles city</b>		24d. LOCATION (City, town, or county) (State) <b>Versailles, Mo.</b>	
DATE REC'D BY LOCAL REG <b>Mar 19-1953</b>		REGISTRAR'S SIGNATURE <b>L. Washburn, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. F. Kidwell</b>		ADDRESS <b>Kidwell - Versailles, Mo.</b>	

*Perdona Kidwell, Deputy* (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

*Gene S. Dutton*

Licensed Embalmer No. *4021*

P. O. Address *Ceresilles, 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.