

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14752**

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3727** Registrar's No. **62**

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | |
| c. LENGTH OF STAY (in this place) 50yrs | | d. STREET ADDRESS (If rural, give location) 1329 West Daugherty | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) GEORGE c. (Last) MERKER | | | 4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953 | | |
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|---------------------------|--------------------------------------|--|--|------------------------------------|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH November 24, 1883 | 9. AGE (In years) 69 | IF UNDER 1 YEAR Months 5 Days 11 | IF UNDER 24 HRS. Hours _____ Min. _____ |
|---------------------------|--------------------------------------|--|--|------------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Stationary Engineer | | 11. BIRTHPLACE (City and State or Foreign Country) Carl Junction, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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| 13a. FATHER'S NAME Phillip Merker | | 13b. MOTHER'S MAIDEN NAME Dora Weeks | | 14. NAME OF HUSBAND OR WIFE Nora Merker | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Merker | | ADDRESS Webb City, Missouri | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 days Camden State |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Sicco Tuberculosis DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 001X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 4/27, 1953, to 5/5, 1953, that I last saw the deceased alive on 5/5, 1953, and that death occurred at 3 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Nora Merker</i> (Degree or title) | 23b. ADDRESS 1329 West Daugherty, Webb City | 23c. DATE SIGNED 5/5/53 |
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|--|-------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 9, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. | 24d. LOCATION (City, town, or county) (State) Jasper County, Missouri |
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|---|--|--|---|
| DATE REC'D BY LOCAL REG. 5-8-53 | REGISTRAR'S SIGNATURE <i>Mr. Madeline Switzer</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis | ADDRESS Webb City, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

92

0.300
0.48

RECEIVED 5-11-53

Jasper County Health Office

County File Number 535-398

Date Filed 5-11-53

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 Richard Gray Lewis

Licensed Embalmer No. 4425

P. O. Address Webb City

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.