No. 300 FILED MAY 18 1953
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17128

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 544

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

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 wks,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew 0020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Savannah
d. STREET ADDRESS (If rural, give location): 5 miles No. of Savannah

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): MERRITT

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 12, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Issac Merritt
13b. MOTHER'S MAIDEN NAME: Isabel Martin
14. NAME OF HUSBAND OR WIFE: Della Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Della Merritt, Savannah, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Apoplexy	36 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Parkinson Syndrome (Chronic)	?
DUE TO (c)	Broken right hand-Injury to left knee	4-24-53
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 002 E 9031 3
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Savannah Andrew Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 24, 1953 10A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Running and fell.

22. *I hereby certify that I attended the deceased from* Jan 22, 1951, *to* May 10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 5:30P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. N. Hospoii D.O. 21
23b. ADDRESS: St. Joseph, Mo.
23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Savannah Cem.
24d. LOCATION (City, town, or county) (State): Savannah, Mo.

DATE REC'D BY LOCAL REG.: May 13, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 483
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Breit Funeral Home Savannah Mo

(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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.