U.S. No. 300
REV. 10.48

FILED JUL 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21655

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2983

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
B. I. Burns MD

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2803 Tracy 3420

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

4. DATE OF DEATH (Month): 6 (Day): 8 (Year): 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 26. 1901
9. AGE (In years last birthday): 51 | 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): RETIRED SMOS. ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: V.A. HOSPITAL LEXINGTON, KENTUCKY
11. BIRTHPLACE (City and State or Foreign Country): NEW YORK CITY NEW YORK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: OLIVER MERRITT
13b. MOTHER'S MAIDEN NAME: FANNIE BIRD
14. NAME OF ~~HUSBAND OR~~ WIFE: MRS. EILEEN MERRITT
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.: 019-20-9485
17. INFORMANT'S SIGNATURE OR NAME: MRS. EILEEN MERRITT
ADDRESS: 2803 TRACY AVE. KANSAS CITY, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatty metamorphosis of liver — 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) Chronic alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1953, *to* June 8, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 3 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. I. Burns, MD
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 13 1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 6-13-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W. A. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, 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 Chester K Brown, Student Embalmer No. 470, working under my personal supervision.

Student Chester K. Brown
Student Embalmer

Signed Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K.C. 10 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.