

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

30722

State File No. ....

No. 300

10.48

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>214 North Odell Ave.</b>		<b>214 North Odell Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edwin</b>	b. (Middle) <b>Harris</b>	c. (Last) <b>Merry</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Aug. 27 1953</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>DEC 25 1859</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Days <b>8</b>	IF UNDER 1 HR. Hours <b>2</b>	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesmen &amp; Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Realestate</b>	11. BIRTHPLACE (State or foreign country) <b>Herndon, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David S. Merry</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Harris</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gertrude M. Daniels-Marshall, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterial Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4500</b> 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)	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 **July 1, 1952** to **Aug 27, 1953**, that I last saw the deceased alive on **Aug 25, 1953** and that death occurred at **10 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>8/28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>8/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 29-1953</b>	REGISTRAR'S SIGNATURE <b>Bidway F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Leali Surrency</b>	ADDRESS <b>Marshall, Mo.</b>
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(Licensed Embalmer's Signature on Reverse Side)

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

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0972  
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**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 J. Leslie Swamy

Licensed Embalmer No. 3285

P. O. Address Maraboe, 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.