

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38668

FILED DEC 4-1953 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 142

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

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY OR TOWN Kennett	c. LENGTH OF STAY (In this place) 1 hr	c. CITY OR TOWN Senath MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital		d. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) BRYAN c. (Last) MERRICK			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 27, 1907		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME ROBERT T. Merrick		13b. MOTHER'S MAIDEN NAME Rosa Hale		14. NAME OF HUSBAND OR WIFE Ruth Merrick	
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. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Merrick ADDRESS Senath 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardium shock		INTERVAL BETWEEN ONSET AND DEATH instant	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		11. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 **Nov 7, 1953**, to **Nov 7, 1953** that I last saw the deceased alive on **Nov 7, 1953**, and that death occurred at **7:30 PM.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. J. Smith MD (Degree or title)		23b. ADDRESS Harrisonville MO		23c. DATE SIGNED 11/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/53		24c. NAME OF CEMETERY OR CREMATORY Oakridge	
		24d. LOCATION (City, town, or county) (State) Kennett MO			

DATE REC'D BY LOCAL REG. 11-30-53		REGISTRAR'S SIGNATURE Carl Husband 9070		25. FUNERAL DIRECTOR'S SIGNATURE Howard Funch ADDRESS Senath, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-2-53

COUNTY FILE NUMBER 1253-29

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Edwin L. Curmon
Student Embalmer No.....

Licensed Embalmer No. 4840

P. O. Address. Smith, 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.