

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42461

State File No. ....

BIRTH NO. FILED JAN 12 1954 REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 8

0320

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

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b> b. (Middle) <b>DELMONT</b> c. (Last) <b>MERRITT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3 1894</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Salesman</b>	11. BIRTHPLACE (State or foreign country) <b>DeKalb County Missouri</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>William Merritt</b>		13b. MOTHER'S MAIDEN NAME <b>Menecie McBee</b>	14. NAME OF HUSBAND OR WIFE <b>Christene Merritt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-28-0365</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Christene Merritt Maysville Mo</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart block</b> ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓	
22. I hereby certify that I attended the deceased from <b>April 1953</b> to <b>Dec 26, 1953</b> , that I last saw the deceased alive on <b>Dec 25, 1953</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>David Johnson M.D.</b>		23b. ADDRESS <b>Maysville Missouri</b>	23c. DATE SIGNED <b>12/28-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Maysville Missouri</b>
DATE REC'D BY LOCAL REG. <b>1-6-54</b>	REGISTRAR'S SIGNATURE <b>David Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PILCHER FUNERAL HOME MAYSVILLE MO.</b>	

**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 \_\_\_\_\_



C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.