

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

4320 State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No.

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Fabius Township <i>pk 40</i>	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 6 Mi. SW Taylor, Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Adam b. (Middle) Joseph c. (Last) Mersman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7 Feb. 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Mins.
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) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Mersman		13b. MOTHER'S MAIDEN NAME Mary Newman		14. NAME OF HUSBAND OR WIFE none	
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 Mrs. George Bimson, Taylor, Mo. ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a.) stating the underlying cause last. DUE TO (b) Thrombosis in leg		
	DUE TO (c) Fractured leg		
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 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) 064 (STATE)	
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?	

22. I hereby certify that I attended the deceased from Mo 1953, to Jan 3, 1954, that I last saw the deceased alive on 3 Jan, 1954, and that death occurred at 12:30p., from the causes and on the date stated above.

23a. SIGNATURE Wyeth Hamlin M.D. (Degree or title)		23b. ADDRESS Palmyra Mo.		23c. DATE SIGNED 9 Jan 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8 Jan. 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood emetery		24d. LOCATION (City, town, or county) (State) Palmyra, Mo.	
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DATE REC'D BY LOCAL REG. 1/11/54		REGISTRAR'S SIGNATURE Dr. E. M. Lusk		25. FUNERAL DIRECTOR'S SIGNATURE Lewis Brothers ADDRESS Palmyra, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 23 1954
MARION CO. HEALTH DEPT.
DATE FILED JAN 23 1954

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *George M. Lewis*

Licensed Embalmer No. *4851*

P. O. Address *Salmon, 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.