S. No. 300
Iv. 10.48

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4641

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 325

0422 1

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 S 2nd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton 0422
d. STREET ADDRESS (If rural, give location): 415 S. 2nd St

3. NAME OF DECEASED (Type or Print): a. (First) Ruby b. (Middle) T c. (Last) MERRITT

4. DATE OF DEATH (Month) (Day) (Year): MAR 9 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4/8/1876
9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 11 Days: IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): HENRY Co Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: NELSON H TILLMAN
13b. MOTHER'S MAIDEN NAME: HARRIET ANN LEATON
14. NAME OF HUSBAND OR WIFE: EDD MERRITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs M.E. MERRITT Clinton

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio-vascular renal disease — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral endarteritis — 18 months

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1946, *to* March 9, 1954, *that I last saw the deceased alive on* March 8, 1954, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. B. Hughes (Degree or title): M.D.
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 3/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/12/1954
24c. NAME OF CEMETERY OR CREMATORY: CALHOUN CEM
24d. LOCATION (City, town, or county) (State): CALHOUN Mo

DATE REC'D BY LOCAL REG.: Mar-12-54
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE: J E Gonsalves
ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

422 = 6

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

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. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.