

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22601**  
Registrar's No. **28**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **4180**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Campbell</b>		c. CITY OR TOWN <b>Campbell</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) <b>35 Yrs.</b>		f. STREET ADDRESS (If rural, give location) <b>620 E. Market Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home, 620 E. Market Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laurence</b> b. (Middle) <b>Meritt</b> c. (Last) <del>MERRITT</del>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1954</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>Mar. 29 1894</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Luther Merritt</b>	13b. MOTHER'S MAIDEN NAME <b>Savanna Moffett</b>	14. NAME OF HUSBAND OR WIFE <b>Ellen Merritt</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wife, Ellen Merritt, Campbell, Mo.</b>	ADDRESS
---	---	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Emphysema</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophic Coniosis of liver</b>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5271</b>	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) (Minute)	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 **7/17**, 19**54**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **7/17**, 19**54**, and that death occurred at **8:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wallace A. Selsky M.D.</b>	23b. ADDRESS <b>Campbell, Mo.</b>	23c. DATE SIGNED <b>7/20/54</b>
---	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 18 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie, Missouri</b>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>7-22-54</b>	REGISTRAR'S SIGNATURE <b>Missouel Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b>	ADDRESS
--	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

Can't find cause of death

W. S. 1954

RECEIVED DUNKLIN COUNTY H  
DEPARTMENT ..... 7-28-5  
COUNTY FILE NUMBER 254-

**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.....  
Signature of Student Embalmer

Signed.....  
*Earl Sanders*

Licensed Embalmer No. 228

P. O. Address *Camp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.