

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30315**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **886**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 14 Hrs.	c. CITY OR TOWN Republic
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) CLYDE	b. (Middle) BETHEL	c. (Last) MERRITT	(Month) Sept.	(Day) 21
5. SEX Male	6. COLOR (R RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12-1893	9. AGE (In years last birthday) 61
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 (City and State or Foreign Country) Clever, Missouri	
13a. FATHER'S NAME Bethel Merritt		13b. MOTHER'S MAIDEN NAME Sarah Wise	14. NAME OF HUSBAND OR WIFE Pansy May Salkie, Merritt	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pansy Merritt, Republic, Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Septic-intestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3d
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		Interval a few yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 578X	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 20**, 19**54**, to **Sept 21**, 19**54**, that I last saw the deceased alive on **Sept 21**, 19**54**, and that death occurred at **4:30a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ray D. Callaway MD (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 9/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 24-'54	24c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co., Missouri
DATE REC'D BY LOCAL REG. 9-24-54	REGISTRAR'S SIGNATURE Tamara Williamson	25. FUNERAL DIRECTOR'S SIGNATURE William Harris ADDRESS Clever, Mo.	

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

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OCT 5 9 190

SEP 23

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.....*J. Alan Harris*.....

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Ohio*

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.