

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32897

State File No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>391</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Kirksville, Mo. Adair County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SULLIVAN</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u> | | c. LENGTH OF STAY (in this place) <u>3 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> | | d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Merriwether</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24 1954</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug. 1, 1913</u> | |
| 9. AGE (in years last birthday) <u>41</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 48 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>LaBelle, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Wm. L. ZIMMERYMAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Calhoun</u> | | 14. NAME OF HUSBAND OR WIFE <u>Walter Merriwether</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>488-14-4073</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Glenn E. Fenton, Green City, Mo.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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) (Min.) | | 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 <u>10-21, 1954</u> , to <u>10-24, 1954</u> , that I last saw the deceased alive on <u>10-23, 1954</u> , and that death occurred at <u>7:05 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) | | 23b. ADDRESS <u>Kirksville, Mo.</u> | | 23c. DATE SIGNED <u>10-24-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>OCT. 27, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LA BELLE CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>LABELLE, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-26-54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Fenton</u> | | ADDRESS <u>Green City, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 Karl R. Hunt

Licensed Embalmer No. 4689

P. O. Address Green City, 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.