

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40503**

BIRTH NO. _____		REG. DIST. NO. <b>98</b>		PRIMARY REG. DIST. NO. <b>4165</b>		Registrar's No. <b>14</b>	
1. PLACE OF DEATH a. COUNTY <b>Daviess</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Gallatin</b> )		c. LENGTH OF STAY (in this place) <b>1 Mo 9 Da.</b>		c. CITY OR TOWN <b>Gilman City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ward Cox Rest Home</b>				STREET ADDRESS (If rural, give location) <b>---</b> <span style="float: right;"><b>0410</b></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosa</b>		b. (Middle) <b>Ella</b>		c. (Last) <b>Merritt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 3 1876</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Harrison Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John D. House</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie Butcher</b>		14. NAME OF HUSBAND OR WIFE <b>Wardie A. Merritt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Corbin Feurt, Jameson, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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) <b>Coronary Artery Thrombosis</b>				<b>10 minutes</b>	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>High Blood Pressure</b>				<b>2 yrs</b>	
		DUE TO (c) <b>arterial Sclerosis</b>				<b>3 yrs.</b>	
II. 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 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)		<b>331X</b>	
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 <b>Dec 1</b> , 19 <b>54</b> , to <b>Dec 17</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Dec 17</b> , 19 <b>54</b> , and that death occurred at <b>7:45A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>How Bailey D.D.</b> (Degree or title)				23b. ADDRESS <b>Gallatin Mo.</b>		23c. DATE SIGNED <b>12-19-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-20-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Creek Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-22-54</b>		REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>		ADDRESS <b>Gallatin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *L. O. Pichessou*.....

Licensed Embalmer No. *339*

P. O. Address *Dallas*

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.