

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12983

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6037 Registrar's No. 529

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>WEST DONIPHAN</u>)	c. LENGTH OF STAY (in this place) <u>YEARS</u>	c. CITY OR TOWN <u>WEST DONIPHAN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE # 6</u>		f. STREET ADDRESS (If rural, give location) <u>ROUTE # 0910</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WELLINGTON</u> b. (Middle) <u>MERRIMAN</u> c. (Last) <u>MERRIMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23-1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 17-1880</u>
9. AGE (In years last birthday) <u>75</u> Months <u>1</u> Days <u>0</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>HAMILTON Co. - ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A.L. MERRIMAN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY ANN HARDESTY</u>	
14. NAME OF HUSBAND OR WIFE <u>HATTIE MERRIMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-18-4053</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HATTIE MERRIMAN - DONIPHAN - 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) (m.)		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>7-15</u> , 19 <u>55</u> , to <u>3-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>55</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D.M. Larno</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Norhaine, Mo.</u>	
23c. DATE SIGNED <u>3-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/25/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>RIPLEY Co. - MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-31-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EDWARDS FUNERAL HOME - DONIPHAN - MO.</u>			

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.....
Signature of Student Embalmer

Signed *Gene A. Parrent*.....

Licensed Embalmer No. *480*.....

P. O. Address *Donipha*.....

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.