

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 3-1955

State File No. **29073**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>5130</b>		Registrar's No. <b>1041</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural: Rush Twp.</b> )		c. LENGTH OF STAY (in this place) <b>7 years</b>		c. CITY OR TOWN <b>Rushville</b>		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 <b>Sugar Lake</b>				e. STREET ADDRESS (If rural, give location) <b>R. R. #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b>			b. (Middle) <b>Martin</b>			c. (Last) <b>Merrick</b>	
4. DATE OF DEATH <b>Sept. 25, 1955</b>		(Month) (Day) (Year)		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>December 3, 1889</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>plumbing foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Air Base</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carthage, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John T. Merrick</b>		13b. MOTHER'S MAIDEN NAME <b>Leona Virginia unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Martha</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>510-12-2163</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Martha Merrick, R.R. #2, Rushville, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES <b>Arterio-sclerotic heart disease</b>				<b>20 min</b>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>not known</b>				<b>1 yr.</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>None</b>		Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>					
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>No operation</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) 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 <b>2-20, 1954</b> , to <b>9-25, 1955</b> that I last saw the deceased alive on <b>9-24, 1955</b> and that death occurred at <b>3:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. Whitakers</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>118 N 7th</b>		23c. DATE SIGNED <b>9-27-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9/28/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 29, 1955</b>		REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Weston-Bowman</b>		ADDRESS <b>St. Joseph, Mo.</b>	

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 *Richard S. Collins*

Licensed Embalmer No. *495*  
*319 So. 10th*  
P. O. Address *St. Joseph*

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.