

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

384

State File No.

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Washington Twp.</u> OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>36 Yrs</u>	c. CITY OR TOWN <u>St. Joseph</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>R.F.D. # 4, 3 Mi. So of City</u>			e. STREET ADDRESS (If rural, give location) <u>on Hi-way 71 R.F.D. # 4, 3 Mi So of City.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>S.</u> c. (Last) <u>Merrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 22nd 1956</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>February 20-1889</u>	9. AGE (In years last birthday) <u>66 Yrs</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orchardist &</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Danvers, Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Merrill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis Sawyer</u>		14. NAME OF HUSBAND OR WIFE <u>Alchild</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alchild Merrill, R.F.D. # 4.</u>		ADDRESS <u>St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Bronchitis</u> DUE TO (c) <u>Found Dead in bed</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Found Dead</u> <u>No history</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operations</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <u>No injuries</u>	
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"/>				
22. I hereby certify that I attended the deceased from <u>Not at all</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8:15p</u> , 19 <u> </u> , and that death occurred at <u>8:15p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Floyd H. Spencer, M.D.</u> (Degree or title)			23b. ADDRESS <u>St. Joseph, Mo. County Health Officer Court House</u>		23c. DATE SIGNED <u>1-21-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>	24b. DATE <u>Jan. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26, 1956</u>	REGISTRAR'S SIGNATURE <u>Catharine Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jac. St. Joseph, Mo.</u> ADDRESS		

JAN 31 1958

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 *Raymond W. Harkness*
Licensed Embalmer No... 4413.....

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.