

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3555**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6165** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>"Rural" Hurley</b>		c. LENGTH OF STAY (In this place) <b>20 Yrs.</b>		c. CITY OR TOWN <b>Crane, Rt. #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, Rt. #2, Crane</b>		e. STREET ADDRESS (If rural, give location) <b>"Rural" Hurley</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>MERRITT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1956</b>		
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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>June 16, 1880</b>		9. AGE (In years last birthday) <b>75</b>		10. MONTHS <b>7</b>		11. DAYS <b>12</b>		12. HOURS <b>5:45</b>		13. MIN. <b>10</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clever, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Bethel Merritt</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Emmaline Wise</b>		14. NAME OF HUSBAND OR WIFE <b>1. Nora M. Mosher, deceased</b> <b>2. Martha Burgin</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Merritt, Rt. 2, Crane, Mo.</b>		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Bronchitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b>				<b>Years</b>	
		DUE TO (c) <b>Longestue Heart Disease</b>				<b>3 years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>				<b>years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 6, 1956 to Jan 12, 1956 that I last saw the deceased alive on Jan 6, 1956, and that death occurred at 5:45pm. (from the causes and on the date stated above.)

23a. SIGNATURE <b>A. P. Coyette</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Clever, Mo</b>		23c. DATE SIGNED <b>1-13-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 15, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jamesville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jamesville, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Jan. 18-56</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Elmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Elmer</b>		ADDRESS <b>Clever, Mo.</b>	
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*Per Lena Murray* (Licensed Embalmer's Statement on Reverse Side)

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.....  
*J. Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.