

FILED MAR 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5305**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If inside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 1017 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hosp			

3. NAME OF DECEASED (Type or Print) Luther	a. (First)	b. (Middle)	c. (Last) MERCHANT	4. DATE OF DEATH March 5, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9 - 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 6 mos. Days	IF UNDER 24 hrs. Hours	IF UNDER 1 min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY self -	11. BIRTHPLACE (State or foreign country) Turney Mo	12. CITIZEN OF WHAT COUNTRY? Mo
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13a. FATHER'S NAME John Merchant	13b. MOTHER'S MAIDEN NAME Mary D. Quatter	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Malvin Federico - Merriam	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumonia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1-19, 1954**, to **3-5, 1956**, that I last saw the deceased alive on **3-4, 1956**, and that death occurred at **12:00** m., from the causes and on the date stated above.

23a. SIGNATURE Malvin Federico	(Degree or title) M.P.	23b. ADDRESS Jackson County, Mo	23c. DATE SIGNED 3/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/5/56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 3-5-56	REGISTRAR'S SIGNATURE D. B. Longford	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons	ADDRESS 4139 Truman Rd. K.C., Mo
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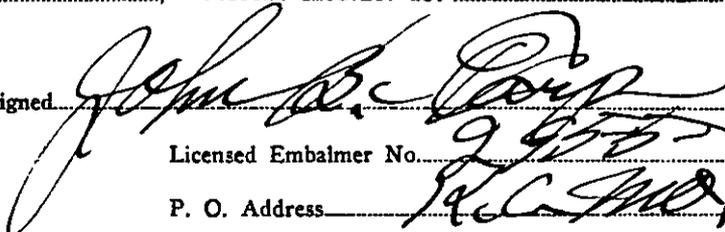
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed..... 
Licensed Embalmer No. 9552
P. O. Address R.C. 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 this body is not embalmed, fact should be so stated above.