

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15211

BIRTH NO.		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4483</u>		Registrar's No. <u>67</u>				
1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Scotland		
b. CITY (If outside corporate limits, write RURAL and give town) Rutledge.		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY OR TOWN Rutledge		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 9440						
3. NAME OF DECEASED (Type or Print) a. (First) Mazie			b. (Middle) Bell		c. (Last) Merrick		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1956			
5. SEX F.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 8, 1888		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) McLean County, Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Thomas Runyon			13b. MOTHER'S MAIDEN NAME Melissa Pevler			14. NAME OF HUSBAND OR WIFE Fred Merrick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME <i>Fred Merrick Rutledge</i>					ADDRESS	
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) Inanition and Debilitation ANTECEDENT CAUSES DUE TO (b) Carcinomatosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Adenocarcinoma of Sigmoid and bladder, primary undetermined II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1998						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) (Min.)		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>10 October 1955</u> , to <u>4 - 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4 - 5</u> , 1956, and that death occurred at <u>10:15P</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>Deanuelice</i> D.O.				23b. ADDRESS Edina, Mo.			23c. DATE SIGNED 4/7/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Pauline Cemetery		24d. LOCATION (City, town, or county) (State) Rutledge, Missouri				
DATE REC'D BY LOCAL REG. 4/21/56		REGISTRAR'S SIGNATURE <i>Wesley G. Turner</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Bertha Bushnell Memphis</i>					
(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..... *Albert C. Gust*

Licensed Embalmer No. *425*

P. O. Address *Mumfsh*

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.