

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19659

State File No.

715

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
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) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>54 years</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6421 Washington St.</u>				e. STREET ADDRESS (If rural, give location) <u>6421 Washington St.</u> <u>01170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>MARTIN</u>			c. (Last) <u>MERRITT</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad company</u>		8. DATE OF BIRTH <u>August 6, 1873</u>		9. AGE (in years) (last birthday) <u>82</u> - IF UNDER 1 YEAR: Months _____ Days _____ - IF UNDER 14 HRS: Hours _____ Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J ames Merritt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Rhorer</u>			14. NAME OF HUSBAND OR WIFE <u>Lillie Merritt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-09-6148</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillie Merritt, 6421 Washington St. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</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>Chronic cardio vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Generalized Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>1 year</u> <u>unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Jan. 1</u> , 19 <u>55</u> , to <u>Jan. 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 26</u> , 19 <u>56</u> , and that death occurred at <u>5:30a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H F Mundy M.D.</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>6/27/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/29/1956</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hector Bowman</u>		ADDRESS <u>St Joseph</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

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 G. M. B. Hawkins
Licensed Embalmer No. 453

P. O. Address 319 So 10th St

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.