

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22612**

FILED JUL 11 1956

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Kingston</u>		c. CITY OR TOWN <u>Desoto</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 min.</u>		e. STREET ADDRESS (If rural, give location) <u>612 Perry st, 0507</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Bliss</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>James</u> c. (Last) <u>Mercille</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married.</u>	8. DATE OF BIRTH <u>Jan 1 1929</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Elmer Mercille</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u> <u>Korean War</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>510-289563</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Osia</u> ADDRESS <u>612 Perry DeSoto, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound inflicted by himself</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				

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 (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kingston township Wash., Mo.</u>
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? <u>976x</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 AM 7-5-56 from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Gibson D.C. Coroner Potosi, Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>7-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim's</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/7/56</u>	REGISTRAR'S SIGNATURE <u>Helmut Sudall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahn Funeral Home, DeSoto, Mo</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUL 10

WASH. COUNTY HEALTH DEPT.

File No. _____

OCT 26 1956

JUL 18 1956

JUL 31 1956

JUL 19 1956

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 Daniel J. Mahan

Licensed Embalmer No. 437

P. O. Address Albany, N.Y.

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.