

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29643

STATE FILE NUMBER

FILED AUG 21 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City 35th St.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hosp. #3</i>		Length of stay in lb <i>5-5-21</i>	d. STREET ADDRESS (If outside, give location) <i>5411 Raytown Rd.</i>
3. NAME OF DECEASED (Type or print) First <i>NELLA</i> Middle <i>—</i> Last <i>MERRIOTT</i>		DATE OF DEATH Month <i>Aug.</i> Day <i>12</i> Year <i>1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 20-1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>	11. BIRTHPLACE (City and state or country) <i>Mo</i>
13. FATHER'S NAME <i>Thomas E. Merriott</i>		14. MOTHER'S MAIDEN NAME <i>Abby Gale Friedly</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <i>unknown unknown</i>		16. SOCIAL SECURITY NO. <i>487-01-6477</i>	17. INFORMANT <i>Records, State Hosp. #3, Nevada Mo</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho-pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Schizophrrenia - Generalized Arterio-Sclerosis 491X</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>		
20c. TIME OF INJURY Hour <i>None</i> Month, Day, Year a. m. <i>None</i> p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	20f. CITY, TOWN, OR LOCATION <i>None</i>	COUNTY	STATE
21. I attended the deceased from <i>10/24/53</i> to <i>8/12/56</i> and last saw her/him alive on <i>8/12/56</i> Death occurred at <i>8:30</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Johnnie Vaughn M.D.</i>		22b. ADDRESS <i>State Hosp. No 3</i>	22c. DATE SIGNED <i>8/12/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 13, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Plonal Hills Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>Plonal Hills Kansas City, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>8-17-1956</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Gerygo</i>

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
 300-56
 72
 All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Henry F. Melster*

Licensed Embalmer No. *480*

P. O. Address *Nevada,*

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.