

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31538

State File No.

FILED SEP 24 1956

BIRTH NO. REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 3048 Registrar's No. 214

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Maryville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>310 S Buchanan</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>	b. (Middle) <u>J</u>	c. (Last) <u>Merrigan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9/11/1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7/4/1865</u>
9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Conception, Mo</u>
13a. FATHER'S NAME <u>Robert Merrigan</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Ellen Merrigan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elmer Bagby-Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> ANTECEDENT CAUSES... Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis?</u> DUE TO (c) <u>Serum Sickness</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</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)	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>5/20</u> , 19 <u>56</u> to <u>9/11</u> , 19 <u>56</u> that I last saw the deceased alive on <u>9/10</u> , 19 <u>56</u> and that death occurred at <u>5-2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. S. Blang M.D.</u>		23b. ADDRESS <u>1000 M. anyville mo</u>	23c. DATE SIGNED <u>9/12/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/13/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Conception, Mo</u>
DATE REC'D BY LOCAL REG. <u>9-22-56</u>	REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Johnson Maryville</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

229
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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 *G M Atchison*

Licensed Embalmer No. *2272*

P. O. Address *Marysville*

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.