

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44534**

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6201** Registrar's No. **95-**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give townships) RURAL VAN DYKEN		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN GRAFF
d. FULL NAME OF HOSPITAL OR INSTITUTION GRAFF, MO. TEXAS COUNTY		e. STREET ADDRESS (If rural, give location) NEAR GRAFF, MO. 1070	

3. NAME OF DECEASED (Type or Print)	a. (First) OSCAR	b. (Middle) MERCHANT	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC. 19 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 14, 1884	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) ASTORIA MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILL MERCHANT	13b. MOTHER'S MAIDEN NAME SARAH MAYBERN	14. NAME OF HUSBAND OR WIFE DOSHIA Fletcher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Doshia Merchant	ADDRESS 7001 Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio sclerosis		unknown
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 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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 18 56**, to **Dec 19, 1956**, that I last saw the deceased alive on **Dec 19, 1956**, and that death occurred at **4:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Gaynell Cunningham	23b. ADDRESS Calool Mo	23c. DATE SIGNED 12/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-56	24c. NAME OF CEMETERY OR CREMATORY Hopewell	24d. LOCATION (City, town, or county) (State) TEXAS MO.
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DATE REC'D BY LOCAL REG. 12-24-56	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Book	ADDRESS Mt. Vernon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1951 FEB 28 1957

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.....
RW Barber

Licensed Embalmer No..... 389

P. O. Address.....
Mt. Hope

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.