

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 21 1957 STANDARD CERTIFICATE OF DEATH

State File No. **16694**

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4194</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Maysville</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>Home of Dr. D. S. Merrill</u>				e. STREET ADDRESS <u>032 C</u> (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>C.</u> c. (Last) <u>Merrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 2 - 57</u>						
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 2, 1866</u>			
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Railroad Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ohio</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>U.S.A</u>			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>Johnathan Merrill</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Crithera</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>708-10-9243</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. D. S. Merrill</u>		ADDRESS <u>Albany 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10-15 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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>4201</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?					
22. I hereby certify that I attended the deceased from <u>Nov 1951</u> to <u>5/2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/1</u> , 19 <u>57</u> and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Donald Foster D.O.</u> (Degree or title)				23b. ADDRESS <u>Maysville Mo</u>		23c. DATE SIGNED <u>5/3/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-5-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keokuk</u>		24d. LOCATION (City, town, or county) (State) <u>Keokuk Ia.</u>			
DATE REC'D BY LOCAL REG. <u>5-12-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Maysville Mo</u>			

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

5420

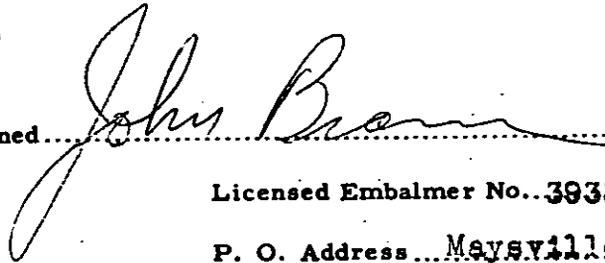
JAN 17 1963

JUN 26 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 
Licensed Embalmer No..3933.....
P. O. Address...Meysville, MO

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.