t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025053
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 101 Primary Registration District No. 5409 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Douglas	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Miller — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Ava, 0340 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route 2, — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Isaac Middle Sidney Last Merriett

4. DATE OF DEATH Month July Day 11, Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Mar. 16, 1875

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (City and state or country) Casey County, Ky. 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ace Merriett

13b. MOTHER'S MAIDEN NAME Katey Henson

14. NAME OF HUSBAND OR WIFE Vera Merriett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Vera Merriett, Ava, Mo. R.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cancer of Prostate	1 yr
DUE TO (b)	Metastases to Intestines	6 mos
DUE TO (c)	Heart Failure	0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1st to July 12th and last saw him alive on July 12th/88
Death occurred at July 11th/88 at 2:30 PM at the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 2

22b. ADDRESS Ava, Mo

22c. DATE SIGNED July 12/88

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-14-58

23c. NAME OF CEMETERY OR CREMATORY Dyre

23d. LOCATION (City, town, or county) (State) R. Ava, Missouri

24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG. July 14-58

26. REGISTRAR'S SIGNATURE Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Lyle L. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ava, 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.