Health,
& Welfare
. Public
Service

. 300
. 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032104
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 75 Primary Registration District No. 3013 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Hosp — Length of stay in Hospital 1 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY DeKalb
c. CITY OR TOWN CAMERON — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 217 E. 8th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Charles Middle: Francis Last: Merrifield
4. DATE OF DEATH Month: Sept. Day: 19 Year: 1958
5. SEX Male
6. COLOR OR RACE Wh.
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 5 1876
9. AGE (In years last birthday) 82 — 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) Banker (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (City and state or country) Triplett, Mo
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME J. C. Merrifield
14. MOTHER'S MAIDEN NAME Nancy C. Bartlett
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. 500-36-1474
17. INFORMANT Mrs. Etta Merrifield — Address Cameron Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 6 years
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 12-27-54, to 9-19-58 and last saw her/him alive on 9-19-58
Death occurred at 3:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Wetherton MD
22b. ADDRESS Cameron Mo
22c. DATE SIGNED 9-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-22-58
23c. NAME OF CEMETERY OR CREMATORY Triplett Cemetery
23d. LOCATION (City, town, or county) (State) Triplett Mo

24. FUNERAL DIRECTOR DeMoss Crank — ADDRESS Cameron Mo
25. DATE RECD. BY LOCAL REG. 9-21-58
26. REGISTRAR'S SIGNATURE Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 25

P. O. Address Camere

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.