

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037292

STATE, FILE NUMBER

FILED OCT 31 1958

Registration District No. 290 Primary Registration District No. 3050 Registrar's No. 66

300  
1-57  
3

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.

U. F. Cain, M.D.  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Caruthersville</u> 8782
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Betz-Tipton Yards Enroute</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>705 Henrietta</u>
3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>Jackson</u> Last <u>Merrell</u>		4. DATE OF DEATH Month <u>October</u> Day <u>24</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 14, 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>	9. AGE (In years last birthday) <u>57</u> FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Lamar County, Tennessee USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Calvin Merrell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Culpepper</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Williams Merrell</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>412 10 1523</u>	17. INFORMANT <u>Mrs. Ethel Merrell-705 Henrietta</u> Address <u>Caruthersville</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Commenced fracture leg elbow - multiple rib fracture &amp; internal chest injury, crushing injury skull &amp; shock.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> 9103 7
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Released chain holding log on truck one</u>		
20c. TIME OF INJURY Hour <u>2:30</u> Month <u>Oct.</u> Day <u>24</u> Year <u>58</u> p.m.	<u>rolled off on rim</u>		
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>factory</u>	20f. CITY, TOWN, OR LOCATION <u>Caruthersville Pemiscot Mo</u>	COUNTY STATE
21. I attended the deceased from _____ to <u>Oct 24, 1958</u> and last saw him alive on <u>Oct 24, 1958</u> Death occurred at <u>2:30</u> P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>Caruthersville Mo</u>	22c. DATE SIGNED <u>Oct 27/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 26, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	23d. LOCATION (City, town, or County) (State) <u>Caruthersville, Missouri</u>
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home-Cosville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 28 1958</u>	26. REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>

860 1 1 100

4561 7 1 1000

DEC 29 1958

CARUTHERSVILLE, MO.

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 *W. Deiver* .....

Licensed Embalmer No. *4484* .....  
P. O. Address *Caruthersville* .....  
*Missouri*

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.