

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039325  
State File No. ....

FILED NOV 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon (SALINE TOWNSHIP)</u>	
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospt.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETE</u>	b. (Middle) <u>-</u>	c. (Last) <u>MERILAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1 1895</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor "Cement" Bldg. Industry</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Finland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL MERILAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PEPPONEN</u>	14. NAME OF HUSBAND OR WIFE <u>CLED HARPER MERILAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-10-6399</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLED MERILAN</u>	ADDRESS <u>Eldon, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, severe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute and chronic pyelonephritis</u>		<u>3 mos</u>
	DUE TO (c) <u>Urinary obstruction due to prostatic hypertrophy</u>		<u>3 mos</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>9-27-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gyastectomy, Prostate, Large 610X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 9-25, 1958, to 11-10, 1958, that I last saw the deceased alive on 11-10, 1958 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>Kendall A. Clark, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>11-10-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial</u>	24b. DATE <u>Nov 12-1958</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Conway Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osage Beach, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12 Nov. 1958</u>	REGISTRAR'S SIGNATURE <u>R. F. Norris, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Phillips</u>	ADDRESS <u>Union Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1958

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 .....  
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Madison*

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 this body is not embalmed, fact should be so stated above.