

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Merriman

58-039421
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 107 Primary Registration District No. 3014 Registrar's No. 173

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Senath Rt 2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u>		Length of stay in lb <u>1wk.</u>	d. STREET ADDRESS <u>0350</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Caroline</u> Last <u>Vance</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>30</u> Year <u>1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Nov 26, 1905</u>	9. AGE (In years) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Baton Rouge, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Simmy Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Canada</u>		14. NAME OF HUSBAND OR WIFE <u>William M. Vance</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or other) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>W.M. Vance - Senath, Mo Rt. 2</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>PULMONARY Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Bilateral Deep Femoral thrombosis</u>	<u>10 days</u>
	DUE TO (c) <u>CARCINOMA Common Bile Duct - metast</u>	<u>3 Months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1551</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>12:55 A.M.</u> Month <u>10</u> , Day <u>30</u> , Year <u>1958</u> a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-23-58 to Oct 30 1958 and last saw her/him alive on 7:30 pm Oct 29 1958
Death occurred at 12:55 A.M. 10-30-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles H. Meunier, MD</u>	22b. ADDRESS <u>Senath, Missouri</u>	22c. DATE SIGNED <u>Nov 7 1958</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 31, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cochran Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo. Rt.</u>
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24. FUNERAL DIRECTOR <u>Howard Funeral Service - beachville, Mo</u>	ADDRESS <u>11-13-1958</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 11-13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Carl Husman</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Monte Grimes* _____

Licensed Embalmer No. *5032*

P. O. Address *Leachville, Ark*

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.