THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002271 STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Skidmore c 740 c — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First ROBERT	Middle	Last MERRITT	4. DATE OF DEATH Month 1 Day 19 Year 59	
5. SEX M	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]	8. DATE OF BIRTH March 31, 1889	9. AGE (In years last birthday) 69 — 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) carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenting	11. BIRTHPLACE (City and state or country) Skidmore, Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Merritt	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493 14 6719	17. INFORMANT Address C.E.Merritt, Savannah, Mo.		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Dilation — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia — 5 to 6 days.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 Jan. 17, 1959, to Jan. 19, 1959 and last saw ~~her~~ him alive on Jan 18, 1959

Death occurred at 3:20 AM. Jan 19, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. R. Jackson M.D.	22b. ADDRESS Maryville, Mo.	22c. DATE SIGNED 1/27/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/22/1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State) Skidmore, Mo		
24. FUNERAL DIRECTOR ADDRESS [illegible] Maryville Mo	25. DATE RECD. BY LOCAL REG. 1-28-59	26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 G M Atchison

Licensed Embalmer No. 2279

P. O. Address Maysville

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.