

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004142

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6147 Registrar's No. 6

FILED JAN 12 1959

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Shelby</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Tiger Fork Twsp</b>             | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <b>Tiger Fork Twsp.</b>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5 mi. NORTH EMDEN</b> | Length of stay in 1b<br><b>4 Years</b>   | d. STREET ADDRESS (If outside, give location)<br><b>5 mi. NORTH EMDEN</b>   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |  |
|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Melvin</b> Middle <b>Wesley</b> Last <b>Mersman</b> | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>7</b> Year <b>1959</b> |
|---|--|

|                    |                               |   |   |   |  |  |
|--------------------|-------------------------------|---|---|---|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>April 17, 1894</b> | 9. AGE (In years last birthday) <b>64</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
|--------------------|-------------------------------|---|---|---|--|--|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Farm</b> | 11. BIRTHPLACE (City and state or country)<br><b>Shelby County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>Will Mersman</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mina Terpening</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Rhoda Joe Mersman</b> |
|---|--|---|

|  |   |  |
|--|---|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes World War I</b> | 16. SOCIAL SECURITY NO.<br><b>486 20 2385</b> | 17. INFORMANT<br>Address <b>RFD</b><br><b>Mrs. Rhoda Mersman, Emden, Mo.</b> |
|--|---|--|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 minutes</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Coronary heart disease</b>         |   |
|   | DUE TO (c) <b>arteriosclerosis, hypertension</b> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>hemorrhoids, hemorrhoids, 1958 1959</b> |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>1:30 p.m.</b> Month, Day, Year |
|---|

|   |  |  |                         |       |
|---|--|--|-------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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<br><b>Shelby County</b> | COUNTY<br><b>Shelby</b> | STATE |
|---|--|--|-------------------------|-------|

|   |
|---|
| 21. I attended the deceased from Death occurred at <b>June 13 1959 4:00 PM</b> to <b>Jan 7 1959</b> and last saw him alive on <b>Jan 7, 1959</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |
|---|

|  |   |  |
|--|---|--|
| 22a. SIGNATURE<br><b>Clady Bower</b> (Degree or title) | 22b. ADDRESS<br><b>Box 2 Shebina Mo</b> | 22c. DATE SIGNED<br><b>Jan 10/1959</b> |
|--|---|--|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Jan. 10, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>BETHANY CEMETERY</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Marion County, Missouri</b> |
|--|-----------------------------------|---|---|

|  |         |   |  |
|--|---------|---|--|
| 24. FUNERAL DIRECTOR<br><b>Hayes Funeral Home, Shelby, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>1-9-1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Ada Garrison</b> |
|--|---------|---|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FE. 3 1959

### 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 *Paul E. Hayes* .....

Licensed Embalmer No. *4461* .....

P. O. Address *Shelburne, Vt* .....

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.