

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008329
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 300 Bk Broadway		Length of stay in lb few Mins.	d. STREET ADDRESS (If outside, give location) R.F.D. 2
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Jules Frederic Mermoud			4. DATE OF DEATH Month Day Year March 14 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1897		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) R. FD. 2 Monett, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J. F. Mermoud		13b. MOTHER'S MAIDEN NAME Edith Arnaud		14. NAME OF HUSBAND OR WIFE Willa Mermoud	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 491-42-6995		17. INFORMANT Address Mrs. J. F. Mermoud Monett, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death occurred within 5 minutes of an attack of some sort, presumably myocardial infarction, while on a street here in Monett.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her alive on _____		Death occurred at 10:30a on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. J. Glass, Jr		(Degree or title) M.D.		22b. ADDRESS 315 1/2 Broadway, Monett, Mo.	
				22c. DATE SIGNED 3-16-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-17-1959		23c. NAME OF CEMETERY OR CREMATORY Waldensian Cemetery	
				23d. LOCATION (City, town, or county) (State) Monett Barry Co. Mo.	
24. FUNERAL DIRECTOR Mercer Funeral Home Monett, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 3-16-59
			26. REGISTRAR'S SIGNATURE Mrs P. N. Cook		

(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.

3862 73 411

1959
APR 7

REC-3-19-59

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 *Ray H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.