

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009554  
State File No. ....

FILED APR 8 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1468

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City,</b>	c. LENGTH OF STAY (In this place) <b>50 yrs.</b>	c. CITY OR TOWN <b>Kansas City,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Queen Of The World Hospt.</b>		e. STREET ADDRESS (If rural, give location) <b>2203 Wabash</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>Merrett</b> c. (Last) <b>Merrett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 12, 1900</b>		9. AGE (In years last birthday) <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Packing Indust.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Robert Merrett</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Bass</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Merrett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>510-07-6446</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Merrett, K. C. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Massive Adeno Carcinoma of the stomach</b>			6 weeks +
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>151X</b>

19a. DATE OF OPERATION <b>3-11-59</b>		19b. MAJOR FINDINGS OF OPERATION <b>Large Tumor involving greater portion of stomach</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		
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?	

22. I hereby certify that I attended the deceased from **Feb. 28, 1959**, to **March 18, 1959**, that I last saw the deceased alive on **March 18, 1959** and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. C. Gamley</i> (Degree or title)		23b. ADDRESS <b>306 E. 12th Street</b>		23c. DATE SIGNED <b>3-20-59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-23-1959</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-20-59</b>		REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. Meek's Mortuary, K. C. Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
W. C. Gamley

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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 *Mallard B. Paskin*.....

Licensed Embalmer No. *SD. 1...*

P. O. Address *F. C. W.*

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.