

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011951
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 9

300
1-57

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1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>		
b. CITY OR TOWN <u>SWEET SPRINGS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CONCORDIA</u>		0540 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LANGE REST HOME</u>		Length of stay in 1b <u>3 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>120 WEST 4th ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARA DORTHY MERCER</u>			4. DATE OF DEATH Month Day Year <u>MAR 20 1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 24 1873</u>		9. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>SALINE County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY HEMME</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA BERGMAN</u>		14. NAME OF HUSBAND OR WIFE <u>STEWART MERCER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-01-71094</u>	17. INFORMANT Address <u>JULIUS HEMME EMMA MO</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>Pl. middle and lower lobe pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 da.</u>
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) <u>Chronic myocarditis</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 a.m. p.m. 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 COUNTY STATE	
21. I attended the deceased from <u>July 1957</u> to <u>Mar 1959</u> and last saw her ^{her} alive on <u>3-15-59</u> Death occurred at <u>1200 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not write title) <u>Paul Roberts, M.D.</u>			22b. ADDRESS <u>Sweet Springs, Mo.</u>		22c. DATE SIGNED <u>3-21-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's</u>		23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
25. GENERAL DIRECTOR <u>P. J. James</u>			25. DATE RECD. BY LOCAL REG. <u>March 21, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>	

All diseases in Part I must be causally related.

Paul A. Roberts, M.D.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 17 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.