

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018642

FILED MAY 18 1959 Registration District No. 274 Primary Registration District No. 3057 STATE FILE NUMBER Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		c. CITY OR TOWN <i>Smithton</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Joseph William Merk</i>		4. DATE OF DEATH Month Day Year <i>5-9-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <i>8-4-1903</i>
9. AGE (In years last birthday) <i>55</i>		10. FUNDING YEAR Months Days Hours Min. <i>9 3</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fishing Room</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Swift & Co</i>	
11. BIRTHPLACE (City and state or country) <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Henry Merk</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Grupe</i>	
14. NAME OF HUSBAND OR WIFE <i>Bessie Merk</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>488-26-4058</i>		17. INFORMANT <i>Claude Merk, Smithton, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion - Myocardial Infarction</i> 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) <i>4201</i>			
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 ☐ 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 <i>5-9-59</i> to <i>5-9-59</i> and last saw him alive on <i>5-9-59</i> Death occurred at <i>6:30 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J V Siegel MD</i>		22b. ADDRESS <i>Smithton, Mo</i>	
22c. DATE SIGNED <i>5/11/59</i>		23a. BURIAL CREMATION, REMOVAL (Specify)	
23b. DATE <i>5-12-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Smithton Mo</i>		23e. DATE RECD. BY LOCAL REG. <i>5/12/1959</i>	
23f. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		23g. GENERAL DIRECTOR <i>James H. Smithton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Richard D. Conn*

Licensed Embalmer No. *4703*
P. O. Address *Lepton, Ma*

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.