

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022254

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 29

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Morgan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Versailles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. Monroe St.		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) N. Monroe St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lisa Middle Leah Last Merrriott			4. DATE OF DEATH Month June Day 25 Year 1959		
5. SEX Female	6. COLOR OR RACE Coal.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 14, 1956	9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) California, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Merrriott		13b. MOTHER'S MAIDEN NAME Frances Evans		14. NAME OF HUSBAND OR WIFE Never Married	
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. None	17. INFORMANT Address Walter Merrriott Versailles, 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) Congenital hydrocephalum					INTERVAL BETWEEN ONSET AND DEATH 2 years
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)					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 California, Mo		COUNTY 752X
21. I attended the deceased from Aug 19, 1956 and last saw her June 22, 1959 Death occurred at 3:30 p.m. of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kennan Latham M.D.		22b. ADDRESS California, Mo		22c. DATE SIGNED 6-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 27 June 59	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	23d. LOCATION (City, town, or county) (State) Versailles, Mo.		
24. FUNERAL DIRECTOR Hidwell Funeral Home Versailles,		ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. 6-30-59	26. REGISTRAR'S SIGNATURE J. J. Vest	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Raymond C. Harbor*

Licensed Embalmer No. *4626*.....

P. O. Address *Versailles, 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.