

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 1959 28

59-043036
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4492 Registrar's No. 40

ENDED

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| 1. PLACE OF DEATH a. COUNTY SCOTT | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ORAN | | Length of stay in 1b | | c. CITY OR TOWN ORAN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH MERKLER | | | | 4. DATE OF DEATH Month Day Year NOV 26 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 7/21/1881 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TAILOR | | 10b. KIND OF BUSINESS OR INDUSTRY MEN CLOTHING | | 11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME JOHN MERKLER | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE HELEN M. MERKLER | | |
| 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. 489-09-4538E | | 17. INFORMANT HELEN M. MERKLER ORAN, 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) CARDIAC DECOMPENSATION 1 WK DUE TO (b) HYPOSTATIC PNEUMONIA 1 WK DUE TO (c) CARCINOMA OF THE LUNGS 1 YR? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARDIOVASCULAR-RENAL DISEASE PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 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.) NATURAL NONE | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. NONE | 20d. INJURY OCCURRED WHILE AT WORK <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.) NONE | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 10-27-59 to 11-25-59 and last saw him alive on 10-25-59 Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) H. J. Mosbach, D.O. | | | | 22b. ADDRESS ORAN, MO. | | | 22c. DATE SIGNED 11-28-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE NOV. 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS | | 23d. LOCATION (City, town, or county) (State) ORAN SCOTT MO. | | | |
| 24. FUNERAL DIRECTOR Carl J. Smith | | ADDRESS ORA, MO | 25. DATE RECD. BY LOCAL REG. 11-28-59 | | 26. REGISTRAR'S SIGNATURE M. A. Buehler | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Owen, N.

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.