

ENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Length of stay in 1b 50 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eberling Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7200 Sni-aBar Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) CLARENCE PERROW MERRYMAN			4. DATE OF DEATH Dec. 29 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Public		11. BIRTHPLACE (City and state or country) Rustberg, Va.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Robert M. Merryman		13b. MOTHER'S MAIDEN NAME Pattie Perrow		14. NAME OF HUSBAND OR WIFE Patty Merryman			

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. 486-10-5069		17. INFORMANT Address Duke Merryman, 8950 E. 60 Terrace			
---	--	---	--	---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes acidosis			INTERVAL BETWEEN ONSET AND DEATH 7 days
DUE TO (b) Diabetes Mellitus			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)	
--	---	--	--

20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION Raytown, Mo.	COUNTY Mo.	STATE Mo.
--	--	--	---	----------------------	---------------------

21. I attended the deceased from Aug. 1955 to Dec. 28th, 1959 and last saw him alive on Dec. 28th, 1959 Death occurred at 3:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.		
--	--	--

22a. SIGNATURE (Degree or title) J. M. Mank Jr.		22b. ADDRESS DO 5745 Blue Ridge - Raytown, Mo.		22c. DATE SIGNED 12-29-59
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery Kansas City, Mo.		23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 12-30-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
--	--	---	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

In. Case
574
Register

Yadonide H
Page 2-4 P

MS NOV 1 1960

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 Charlie Schroeder, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur Eugene Hoover

Licensed Embalmer No. 4912

P. O. Address K.C. 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.