

# R. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

=60-002785

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 23

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis County</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in lb		c. CITY OR TOWN <u>Smithton</u>		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>(East) Highway 50</u>			Inside Limits Yes <input checked="" 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"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>GLENN</u> Middle <u>ELWOOD</u> Last <u>MERK</u>				<b>4. DATE OF DEATH</b> Month <u>Jan.</u> Day <u>17,</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/3/29</u>		9. AGE (last birthday) <u>30 years</u> IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing Poultry</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Swift and Co.</u>		11. BIRTHPLACE (City and state or country) <u>Otterville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph William Merk</u>				13b. MOTHER'S MAIDEN NAME <u>Bessie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Merk</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>188-34-8650</u>		17. INFORMANT <u>Mrs. Doris Merk, Smithton, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull (bullet)</u> DUE TO (b) <u>Due to automobile accident</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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 checked="" 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.) <u>Skulled and hit telephone pole.</u>					
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>  </u> Month, Day, Year <u>1-17-60</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>EAST U.S. 50.</u>		20f. CITY, TOWN, OR LOCATION <u>SEDALIA</u>		COUNTY <u>PETTIS</u> STATE <u>MO</u>			
21. I attended the deceased from <u>Co Corner</u> and last saw him alive on <u>  </u> Death occurred at <u>6:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
21a. SIGNATURE <u>Chas Gordon Stauffer MD</u> (Degree or title)				21b. ADDRESS <u>Corner, Pettis Co</u>		21c. DATE SIGNED <u>1-18-60</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE <u>1/19/60</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>			
23. FUNERAL DIRECTOR <u>Funeral Home</u> ADDRESS <u>Smithton, Mo.</u>				24. DATE RECD. BY LOCAL REG. <u>1-18-1960</u>		25. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 1 1980

100 26

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co  
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.