

**FEDERAL BUREAU OF INVESTIGATION**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006111**

**FILED VS FEB 16 1960**

STATE FILE NUMBER

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 21

UNDECEASED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Iron</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kaolin</b>	Length of stay in 1b <b>3 yrs</b>	c. CITY OR TOWN <b>Ironton</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Belleview Nurseing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Ironton Mo.</b>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <b>RAY</b>	Middle <b>T.</b>	Last <b>MERCER</b>	Month <b>Feb.</b>	Day <b>8</b>
			Year <b>1960</b>	

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>10-3-1895</b>	<b>9. AGE (last birthday)</b> <b>64</b>	<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/>	<b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
------------------------------	---	---	---	--	---	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>plumber</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Morganfield Ky.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
--	--	---	--

<b>13a. FATHER'S NAME</b> <b>John Mercer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>##</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>446-09-4267</b>	<b>17. INFORMANT</b> <b>Mrs. Alonzo Whited, Ironton Mo.</b>	<b>Address</b>
--	--	--	----------------

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>		<b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
--	--	---

<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year
---

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
--	---	-------------------------------------	---------------	--------------

**21. I attended the deceased from** 11-3-56 **to** 2-8-60 **and last saw** ## **alive on** 12-9-59  
**Death occurred at** 11:30 A.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> (Degree or title) <i>Marvin C. Munn MD</i>	<b>22b. ADDRESS</b> <b>109 N. Main, Ironton, Missouri</b>	<b>22c. DATE SIGNED</b> <b>2-13-60</b>
---	--	---

<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>23b. DATE</b> <b>2-11-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>K. P. Cemetery</b>	<b>23d. LOCATION (City, town, or county)</b> <b>Ironton Mo.</b>	<b>(State)</b>
---	------------------------------------	--	--	----------------

<b>24. FUNERAL DIRECTOR</b> <b>White Funeral Home, Ironton Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>February 15 - 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Mrs Elizabeth Logan</i>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Arnell White

Licensed Embalmer No. 3012

P. O. Address Clinton, Miss

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.