

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016086

FILED VS MAY 9 1960 1 67

Primary Registration District No. 3040 Registrar's No. 10-9 94

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Livingston									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in lb 6 yrs.		c. CITY OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1516 Locust St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1516 Locust St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HENRY Middle FRANCIS Last MERRITT				4. DATE OF DEATH Month MAY Day 5 Year 1960									
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 6/4/1901		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Sales Mgr.				10b. KIND OF BUSINESS OR INDUSTRY ALLIS-CHALMERS CO.		11. BIRTHPLACE (City and state or country) BLUFFTON, IND.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME HARRY C. MERRITT				13b. MOTHER'S MAIDEN NAME NONA WILLIAMS				14. NAME OF HUSBAND OR WIFE LOLAH E. ALDERSON					
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. 482-03-2102		17. INFORMANT Mrs. H.F. Merritt Chillicothe, 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) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH 2 hrs			
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)								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 a.m. 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		COUNTY		STATE			
21. I attended the deceased from None to 6:00 P on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 6:00 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Joseph P. Conrad M.D. (Coroner)						22b. ADDRESS Chillicothe, Mo			22c. DATE SIGNED May 6-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/9/60		23c. NAME OF CEMETERY OR CREMATORY Mc/Comb Cemetery			23d. LOCATION (City, town, or county) Mc/Comb, Illinois						
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.						25. DATE RECD. BY LOCAL REG. 5-16-60		26. REGISTRAR'S SIGNATURE Francis B Neill					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 19 1960

MAY 24 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE,

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