

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020067

FILED VS JUN 2 1960

Registration District No. 206 Primary Registration District No. 20420 Registrar's No. 761

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. _____ b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Length of stay in 1b 1 hr.		c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 135 S. Mine La Motte			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 708 S. Main St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mark Middle W. Last Merritt				4. DATE OF DEATH Month May Day 19 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/19/60	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours 1 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Fredericktown, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Billy W. Merritt			13b. MOTHER'S MAIDEN NAME Jennie Bryson		14. NAME OF HUSBAND OR WIFE None		
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. None	17. INFORMANT Billy W. Merritt 708 S. Main Fredericktown, 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) Prematurity (Birth weight 2 pounds)						INTERVAL BETWEEN ONSET AND DEATH 1 hr 15 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Premature bleeding of Placenta				Days	
		DUE TO (c) Partial Separation of Placenta				Days	
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 May 19, '60 7:35 pm to May 19, 60 8:50 pm and last saw her/him alive on May 19, 1960 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles C. Murbachis MD				22b. ADDRESS 135 S. Mine La Motte Fredericktown Missouri		22c. DATE SIGNED May 20, 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/60	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		23d. LOCATION (City, town, or county) Madison County, Mo.			(State)
24. FUNERAL DIRECTOR Najim Funeral Home,			ADDRESS Fredericktown,	25. DATE RECD. BY LOCAL REG. 5-23-1960	26. REGISTRAR'S SIGNATURE Therence Slicks		

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 ^{Not} embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles McPartly

Licensed Embalmer No. 4852
P. O. Address Fredericktown

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.