

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022282

FILED VS JUL 12 1960 30

Primary Registration District No. 5104 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW - (Rural)</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>KANSAS CITY</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>Tom (Township)</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4805 College,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES RAY MERGEN</u>				4. DATE OF DEATH Month Day Year <u>July 6 1960</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 15, 1935</u>	9. AGE (last birthday) <u>24</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>2 21</u>	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drive - in Rest.</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph MERGEN</u>			13b. MOTHER'S MAIDEN NAME <u>PEARL LOGAN</u>			14. NAME OF HUSBAND OR WIFE			
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>NO</u>		17. INFORMANT <u>Charles Ray Mergens</u> Address <u>4905 College Kansas City, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u> <u>While fishing in Grand</u> <u>Recreation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>4 MIN</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none other</u>						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>---</u>					
20c. TIME OF INJURY Hour <u>2</u> a.m. p.m. Month, Day, Year <u>July 6 '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>Warsaw - Tom Twp. Benton Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Warsaw - Tom Twp. Benton Mo</u>						COUNTY STATE	
21. I attended the deceased from <u>Warsaw</u> to <u>mm</u> and last saw her him alive on <u>7/7</u> Death occurred at <u>7:30 PM, July 6, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>James Logan M.D.</u>				22b. ADDRESS <u>Warsaw MO -</u>			22c. DATE SIGNED <u>7/7/1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 9, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis Co. Mo</u>				
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>			25. DATE RECD. BY LOCAL REG. <u>July 8 - 1960</u>		26. REGISTRAR'S SIGNATURE <u> Jas. A. Logan</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1969

FEB 7 1961

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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.