

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025485

LED VS JUN 30 1960

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 155 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON? MISSOURI	Length of stay in 1b 2 years	c. CITY OR TOWN Sikeston, Missouri	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffitt Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 509 Ruth St.

3. NAME OF DECEASED (Type or print) First MARY Middle ALICE Last MERRITT	4. DATE OF DEATH Month June Day 10 Year 1960
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5. SEX Female	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 9-9-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 9 Days 1 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Scott Co. Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George W. Bean	13b. MOTHER'S MAIDEN NAME Elizabeth Bean	14. NAME OF HUSBAND OR WIFE Frank Merritt
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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 Frank Merritt Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 7 day.
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) Generalized Arteriosclerosis.		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.)
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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 Sikeston, Mo.	COUNTY Scott	STATE Mo.
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21. I attended the deceased from 8-9-58 to 6-10-60 and last saw her ^{him} alive on 6-9-60 . Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E.D. Urban, M.D. (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 6-20-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-12-60	23c. NAME OF CEMETERY OR CREMATORY Bloomfield Cemetery	23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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24. FUNERAL DIRECTOR ADDRESS Edward E. Nunnelee Nunnelee Funeral Chapel, Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. 6-25-60	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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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 Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Siberton, Va

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.