

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS SEP 21 1960**

**-60-037169**

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 77

STATE FILE NUMBER

|  |  |   |  |   |   |  |  |
|--|--|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>STODDARD</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>BERNIE LIBERTY</b>   |  | Length of stay in 1b<br><b>YEARS</b>  |  | c. CITY OR TOWN <b>BERNIE</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAMILY HOME</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>WEST PART OF TOWN</b>   |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>SAVANNAH</b> Middle <b>MERRITT</b> Last <b>MERRITT</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>23</b> Year <b>1960</b>  |   |  |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>10-31-1878</b>   | 9. AGE (last birthday)<br><b>86</b>                         | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWORK</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>WAYNE COUNTY, ILL.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>WH. MOFFITT</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>ELIZABETH HARRIS</b>                                 |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>LUTHER MERRITT</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  | 17. INFORMANT<br>Address<br><b>MRS. MYRTLE WISE BERNIE, MO.</b>   |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>High Blood Pressure</b><br>DUE TO (c) <b>Senility</b> |  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 mos.</b><br><b>Unknown</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Senility</b>   |  |   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.  | Month, Day, Year                       |   |  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>Jan. 14, 1960</b> to <b>Aug 4, 1960</b> and last saw her <sup>him</sup> alive on <b>Aug 4, 1960</b><br>Death occurred at <b>6:45P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>F O Kelly D O</b>   |  |   |  | 22b. ADDRESS<br><b>Bernie Mo.</b>   |   | 22c. DATE SIGNED<br><b>8-27-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  | 23b. DATE<br><b>8-30-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>BERNIE CEMETERY</b>                         |   | 23d. LOCATION (City, town, or county)<br><b>BERNIE, MO.</b> |  | (State)  |
| 24. FUNERAL DIRECTOR<br><b>DUFFIE-RAINEY BERNIE, MO.</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-12-60</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Velma V. Jenkins</b>        |  |  |

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

*Raymond L. Ruff*

Licensed Embalmer No. 4798

P. O. Address Berme

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