

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-038747

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 498

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JOPLIN</u>		Length of stay in lb <u>1 DAY</u>	c. CITY OR TOWN <u>GALENA</u>
c. FULL NAME OF (IF NOT in hospital, give location) <u>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1914 Joplin Street</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>LEE</u> Last <u>MERRILL</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>20</u> Year <u>1960</u>			
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1910</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pb & Zn miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pb & Zn miner</u>		11. BIRTHPLACE (City and state or country) <u>GALENA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>FRANK MERRILL</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE TODD</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH MAXINE MERRILL</u>			
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>512-03-0623</u>		17. INFORMANT <u>SARAH MAXINE MERRILL Galena Kan.</u>			
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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) <u>Pulmonary Emphysema with Cardiac Decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
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) <u>Secondary Polycythemia</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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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 checked="" type="checkbox"/>						
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>GALENA</u>		COUNTY <u>CHEROKEE</u>	STATE <u>KANSAS</u>
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21. I attended the deceased from <u>July 1960</u> to <u>20 Oct 60</u> and last saw <u>him</u> alive on <u>20 Oct 60</u> Death occurred at <u>11:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
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22a. SIGNATURE (Degree or title) <u>Robert G Powell MD</u>			22b. ADDRESS <u>Galena, Kansas</u>		22c. DATE SIGNED <u>21 Oct 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cherokee County, Kansas</u>		
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24. FUNERAL DIRECTOR <u>Roy L. Derfelt Galena Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-60</u>	26. REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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 me

by _____, Student Embalmer No. 4945

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Roy L. Werfelt

Licensed Embalmer No. 4945

P. O. Address Salina, Kas

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.