URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

T OF PUBLIC HEALTH AND WELFARE

-60-046219
STATE FILE NUMBER

IENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6409

FILED VS JAN 11 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 15 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sheffield Steel Plant
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 5715 E 11th ~~3702 Emmett~~ (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LLOYD Middle MARK Last MERITHEW
4. DATE OF DEATH Month 12 Day 20 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/10/1901
9. AGE (last birthday) 59
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Drawer
10b. KIND OF BUSINESS OR INDUSTRY Steel mfg.
11. BIRTHPLACE (City and state or country) Penn
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Abraham L. Merithew
13b. MOTHER'S MAIDEN NAME Ida Swingle
14. NAME OF HUSBAND OR WIFE Teressa Belle Merithew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 487-05-4267
17. INFORMANT Teressa B. Merithew Address K.C. 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) Shock & Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) for Lt arm & Ribs Ruptured
DUE TO (c) Fever
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by a truck
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-20-60
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Plant
20f. CITY, TOWN, OR LOCATION Sheffield Plant Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw he/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 12-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/23/1960
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.
23d. LOCATION (City, town, or county) Kansas City (State) Mo

24. FUNERAL DIRECTOR C. N. Blackman & Son
ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 12-21-60
26. REGISTRAR'S SIGNATURE H. E. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4888

P. O. Address KC 241

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