

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007942

STATE FILE NUMBER

UNRECORDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 26

FILED MAR 21 1961

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in 1b Life	c. CITY OR TOWN Carrollton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 N. Monroe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET (If outside, give location) 107 N. Monroe Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BRUCE FRANKLIN Middle MERRITT Last			4. DATE OF DEATH Month March Day 15 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/17/1961
10a. USUAL OCCUPATION (Give kind of work done if not of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 28 Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Carrollton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jess Merritt		13b. MOTHER'S MAIDEN NAME Barcia Schwartz	
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)	
16. SOCIAL SECURITY NO. None		17. INFORMANT Jess Merritt, Carrollton, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation			INTERVAL BETWEEN ONSET AND DEATH Less than 5 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) (Infant fed at 1 A.M. Found dead at About 7 A.M. Appeared to have vomited in sleep and aspirated into lungs)	
DUE TO (c)		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. <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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 1-17-61 to Present and last saw him <input checked="" type="checkbox"/> alive on March 7, 1961 Death occurred between 1 A.M. and 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack L. Vinyard M.D. (Degree or title)		22b. ADDRESS 1407 No Jefferson Carrollton Mo.	
22c. DATE SIGNED 3-16-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/19/1961		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23d. LOCATION (City, town, or county) Carrollton MO.		(State)	
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. 3/16/61	
ADDRESS		26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert	

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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.