SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020834
STATE FILE NUMBER

AMENDED

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 31

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ava — Length of stay in 1b: 20yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Douglas
c. CITY OR TOWN: Ava — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ralph Middle Abner Last Mershon

4. DATE OF DEATH: Month June Day 28, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 9-23-97
9. AGE (last birthday): 63 — 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): Construction Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Unknown Ohio
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
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): No
17. INFORMANT — Address: R. I. Jenkins, Tulsa, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Coronary Heart Disease 2±Yr
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. ☐ 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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10-17-60, to 6-28-61 and last saw ~~her~~ him alive on 6-28-61
Death occurred at 6:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. C. Gentry M.D.
22b. ADDRESS: Ava Mo
22c. DATE SIGNED: 7-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-1-61
23c. NAME OF CEMETERY OR CREMATORY: Ava
23d. LOCATION (City, town, or county) (State): Ava, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG.: July 3-61
26. REGISTRAR'S SIGNATURE: Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

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 Lyle G. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ava, Mo.

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.