

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-012933

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 129

FILED APR 9 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Flat River</u>		Length of stay in 1b <u>2yrs 3wks</u>	c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rest Haven Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>121 East School Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Etta</u> Last <u>Merseal</u>			4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/13/1872</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Iron County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert S. Muse</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Norris Muse</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Edward Merseal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. J. D. Heffner, Bonne Terre, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
DUE TO (b) <u>Arterio-Sclerosis</u>					<u>2 yrs</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Thrombocytopenia 4 yrs - Senility</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
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 _____ 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 <u>Sept 1-62</u> to <u>March 27-63</u> and last saw her <u>alive</u> on <u>March 26-63</u> Death occurred at <u>1100</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. W. Zuspan Do</u> (Degree or title)			22b. ADDRESS <u>Flat River Mo</u>		22c. DATE SIGNED <u>3/29/63</u> (State)
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/30/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Desoto Cemetary</u>		23d. LOCATION (City, town, or county) <u>Desoto, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Dale Sparks, Bonne Terre, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Mar. 30, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.