

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40134
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 43

1. PLACE OF DEATH

a. COUNTY MISSOURI Howell
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN WEST PLAINS
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION X X Length of stay in 1b
X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY HOWELL
c. CITY
OR
TOWN WEST PLAINS 0468
d. STREET
ADDRESS 310 W. DIXON
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ARNOLD MERK

4. DATE
OF
DEATH Month Day Year
11-18-57

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED ☐ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

7-29-1881

9. AGE (In years last birthday) 76
10. UNDER 1 YEAR 3 Months 19 Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY
X X

11. BIRTHPLACE (City and state or country)

PARIS, IDAHO

12. CITIZEN OF WHAT COUNTRY?

U S A

13a. FATHER'S NAME

ARNOLD MERK

13b. MOTHER'S MAIDEN NAME

ROSINA BUHLER

14. NAME OF HUSBAND OR WIFE

ZENIA MERK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
X X

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. A. MERK, WEST PLAINS, 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)

CARCINOMA, Stomach

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

CACHEXIA; MALNUTRITION: SENILITY

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 Month, Day, Year
a.m. p.m.

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

June 12-57 Nov. 18-57
Death occurred at 5:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

and last saw him alive on Nov. 17, 1957

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11-20-57

23c. NAME OF CEMETERY OR CREMATORY

OAK LAWN

23d. LOCATION (City, town, or country)

WEST PLAINS, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

ROBERTSONS, WEST PLAINS, MO

25. DATE RECD. BY LOCAL REG.

12-2-57

26. REGISTRAR'S SIGNATURE

Bessie Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. R. Roberts

Licensed Embalmer No. 3482

P. O. Address West Plains

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.