

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 315

DO NOT WRITE ON THIS STUB

9. 1

10a. 84

10b. 03

11. 0

12. 2

13. 4123

14. 1

15. 1

16. 0

17. 0

18. 0

19. CREDITS

20. 1-0

VS 300  
Rev. 1/70

40421

5. 03

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

68420

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Chloe Alice Merritt</u>		<u>Chloe</u>	<u>Alice</u>	<u>Merritt</u>	<u>Female</u>	<u>November 25, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>84</u>	5b. <u>04</u>	5c. <u>15</u>	6. <u>Aug. 15, 1885</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Windsor</u>			7c. <u>Yes</u>	7d. <u>Windsor hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>widowed</u>		11. <u></u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u></u>		13a. <u>Housewife</u>		13b. <u>None</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Windsor</u>		14d. <u>No</u>	14e. <u>Route #3</u>	
FATHER—NAME			MOTHER—MAIDEN NAME				
15. <u>LaVERN Bennitt</u>			16. <u>Rebecca Robison</u>				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. <u>Ralph Merritt</u>				17b. <u>Route 3 - Windsor, Mo. 65360</u>			

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <u>Circulatory Collapse</u>				<u>instant</u>
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u>Heart failure</u>				<u>2 years</u>
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u>Arteriosclerotic heart disease</u>				<u>5 years</u>

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<u>Chronic pylenephritis</u>				19a. <u>yes</u>	19b. <u>yes</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. <u></u>	20b. <u></u>	20c. <u></u>	20d. <u></u>		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e. <u></u>	20f. <u></u>	20g. <u></u>	20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	<u>April</u>	<u>12</u>	<u>1967</u>	<u>Nov</u>	<u>25</u>	<u>1969</u>	21c. <u>Nov. 25, 1969</u>	21d. <u>did</u>	21e. <u>6:00A</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	DATE SIGNED (MONTH, DAY, YEAR)
22a. <u></u>							22b. <u>6:00 A</u>	22c. <u>Nov 25 1969</u>	22d. <u>6:00 A</u>
CERTIFIER—NAME (TYPE OR PRINT)							SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>Wm. J. Smith, M. D.</u>							23b. <u>William J. Smith, M.D.</u>	23c. <u>MD</u>	23d. <u>11-26-69</u>
MAILING ADDRESS—CERTIFIER							STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23e. <u>Wm. J. Smith, M. D.</u>							23f. <u>103 W. Colt St.</u>	23g. <u>Windsor, Mo.</u>	23h. <u>65360</u>

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. <u>Burial</u>	24b. <u>Laurel Oak</u>	24c. <u>Windsor, Mo.</u>		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>Nov 28 1969</u>	24e. <u>Huston-Hadley Funeral Home - Windsor, Mo 65360</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25. <u>Robert Hadley</u>	26a. <u>Mildred Bigum</u>	26b. <u>Nov. 29, 1969</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Robert W. Ashley

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.