FILED OCT 22 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

36115

State File No.

BIRTH NO. REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4537 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONDALE
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IRONDALE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONDALE 110 0 0
d. STREET ADDRESS (If rural, give location): IRONDALE 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALFRED
b. (Middle): —
c. (Last): MERRILL

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT 30, 1949

**5. SEX**: MALE 0

**6. COLOR OR RACE**: WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH**: APRIL 3 1867

**9. AGE** (In years last birthday): 82 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: LEAD MINING

**11. BIRTHPLACE** (State or foreign country): MISSOURI 0

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ALFRED MERRILL

**13b. MOTHER'S MAIDEN NAME**: CHLOE WILSON

**14. NAME OF HUSBAND OR WIFE**: LOU MERRILL

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

**16. SOCIAL SECURITY NO.**: NONE

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: MRS. LOU MERRILL IRONDALE, MO.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 mins

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic cardio-vascular-renal disease — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* — 420

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 3, 1949, *to* Sept 30, 1949, *that I last saw the deceased alive on* Sept 30, 1949, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John W. Hurst M.D.

**23b. ADDRESS**: Leadwood, Mo.

**23c. DATE SIGNED**: 10/3/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE**: Oct. 2, 1949

**24c. NAME OF CEMETERY OR CREMATORY**: BIG RIVER CEMETERY

**24d. LOCATION** (City, town, or county) (State): IRONDALE, MO.

**DATE REC'D BY LOCAL REG.**: 10-5-49

**REGISTRAR'S SIGNATURE**: 358 Jessie Eichenberger H.S.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Earl L. Boyer Leadwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-17-47

District Health Officer No. 4

District File Number 1049-

Date Filed

## 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
Student Embalmer

Signed William E. Boyer

Licensed Embalmer, No. 4730

P. O. Address Leadwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.