

FILED MAY 13 1950

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

State File No. 13128
1911

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>715 Gladstone 3010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Woodland Conv. Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>MERRILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1950</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>12-22-1866</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>8</u> 11. DAYS <u>22</u> 12. HOURS <u>10</u> 13. MIN. <u>0</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 <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>J. H. O'Connor</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>B. Calvin Merrill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James R. Boan 715 Gladstone</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		<u>4 years</u>	
		DUE TO (c)		<u>45</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I, hereby certify that I attended the deceased from April 20, 1950, to April 22, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Paul Lauson</u> (Degree or title)		23b. ADDRESS <u>428 South Whitmore</u>		23c. DATE SIGNED <u>4-24-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>4-25-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holton, Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>4-25-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Blackman & Son, Inc Kansas City Mo</u>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. M. Joiner*

Licensed Embalmer No *3453*

P. O. Address *7825 IND. BLVD. A*

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