

BIRTH NO. _____ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6247 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Johnson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Johnson</u>	
c. LENGTH OF STAY (In this place) <u>26 years</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R-4, Sullivan, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R-4, Sullivan, Missouri</u>	
3. NAME OF DECEASED a. (First) <u>Thos.</u> b. (Middle) <u>Peter</u> c. (Last) <u>Merritt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 24, 1885</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Ind. /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John R. Merritt</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Alice</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Jane Merritt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada Abbott, Sullivan, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <u>Mar 1, 1951</u> , to <u>Mar 20, 1951</u> , that I last saw the deceased alive on <u>Mar 15, 1951</u> , and that death occurred at <u>1a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Sullivan, Mo</u>	23c. DATE SIGNED <u>2-21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>[Signature]</u> 389	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sullivan</u>	

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

RECEIVED

MAR 27 1951

WASH. COUNTY HEALTH DEPT.

FILE NO.

351-77

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 _____

Allen C. McPherson

Signed.....

Student Embalmer

Licensed Embalmer No. 4543

P. O. Address _____

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