

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36190

State File No. ....

FILED NOV 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: (resident) before admission) a. STATE <u>Mo</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>RURAL-Kingston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Kingston</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. 1- Cadet 1100 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1- Cadet</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Lucien</u> c. (Last) <u>Merseal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23-1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 27, 1898</u>	9. AGE (In years last birthday) <u>53</u>	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) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tiff Mines</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>?</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Langley</u>	14. NAME OF HUSBAND OR WIFE <u>ANNIE MERSEAL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Spruell</u> ADDRESS <u>De Soto, Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant monocytic leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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? <u>2042</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 June 18, 1951, to Oct. 23, 1951, that I last saw the deceased alive on Oct. 23, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Owen, D.D., V</u>	23b. ADDRESS <u>De Soto, Mo</u>	23c. DATE SIGNED <u>10/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/25/51</u>	REGISTRAR'S SIGNATURE <u>Hubert Rudolf</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathushead</u> ADDRESS <u>De Soto, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
WASH. COUNTY HEALTH DEPT.  
File No. 1151-253

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.