No. 300
10.48

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

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3921

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassville
c. LENGTH OF STAY (In this place): 1 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassville Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seligman Ash Twp.
d. STREET ADDRESS (If rural, give location): Seligman Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Wayne
b. (Middle):
c. (Last): Merriman

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 15, 1922
9. AGE (In years last birthday): 29 — If under 1 year: Months 11, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Driving
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Lewis Merriman
13b. MOTHER'S MAIDEN NAME: Pearl Howardton
14. NAME OF HUSBAND OR WIFE: Charlotte Merriman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2 18 Mos.
16. SOCIAL SECURITY NO.: 500-14-4858
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pearl Golder Seligman Rt. — ADDRESS

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): Internal Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.

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? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 37
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 mI. North of Cassville, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-29-1952 5:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown from overturning car

22. I hereby certify that I attended the deceased from _____ 19__ to _____, 19__, that I last saw the deceased alive on 2-29-1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Paul D. Herbert — (Degree or title): Coroner
23b. ADDRESS: Cassville, Mo
23c. DATE SIGNED: 3-3-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kings Cemetery
24d. LOCATION (City, town, or county) (State): Seligman Mo.

DATE REC'D BY LOCAL REG.: Mar 6-1952
REGISTRAR'S SIGNATURE: Grace Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Paul D. Herbert — ADDRESS: Cassville

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.