

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

**13232**

State File No. \_\_\_\_\_

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 18

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Benton</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florence</u>   |  |
| c. LENGTH OF STAY (in this place) <u>5 months</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Florence, Mo.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>                          |  |  |  |

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>Peter</u> c. (Last) <u>Mertgen</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May, 6, 1953</u> |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Oct. 18, 1864</u>                        | 9. AGE (In years last birthday) <u>88</u>                               | 9. AGE (In years last birthday) <u>6</u> Months <u>18</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>                        |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Mo.</u> |  |
|   |                               |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Chris Mertgen</u>                                     |  | 13b. MOTHER'S MAIDEN NAME <u>Kathryn Runkel</u> |  | 14. NAME OF HUSBAND OR WIFE <u>none</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>none</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Mertgen</u> ADDRESS <u>Florence, Mo.</u> |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility.</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>unk</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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 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 20 Dec., 1952 to 6 May, 1953, that I last saw the deceased alive on 29 April, 1953, and that death occurred at 9:30P m., from the causes and on the date stated above.

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>David H. Glenn M.D.</u> | 23b. ADDRESS <u>Warsaw Mo</u> | 23c. DATE SIGNED <u>8 May 53</u> |
|---|-------------------------------|----------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 9, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Florence, Mo.</u> |
|---|------------------------------|---|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>5/8/53</u> | REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Steverson</u> ADDRESS <u>Sauer Mo</u> |
|--|--|---|

(Licensed Embellisher's Statement on Reverse Side)

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

**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

*J. L. Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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.