

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23542

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 123

97-4

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>6 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>559 So. Jefferson</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Marshall Rest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Mertens</b> c. (Last) <b>Bates</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1953</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 3- 1861</b>		9. AGE (In years if UNDER 1 YEAR last birthday) Months Days <b>91 7 12</b>		10. F UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			11. BIRTHPLACE (State or foreign country) <b>Miami, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Henry Mertens</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Smith</b>			14. NAME OF HUSBAND OR WIFE - - - - -					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elizabeth Arnold-Marshall, Mo.</b>					
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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, asthma, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>												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. <b>Chronic arthritis</b>																								<b>9 yrs</b>	

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>4500</b>									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
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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?					
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22. I hereby certify that I attended the deceased from **June 7, 1953**, to **June 15, 1953**, that I last saw the deceased alive on **June 15, 1953**, and that death occurred at **11 P. M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>			23b. ADDRESS <b>Marshall, Mo.</b>			23c. DATE SIGNED <b>6/16/53</b>					
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/18/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Marshall Cemetery, Marshall, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>					
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DATE REC'D BY LOCAL REG. <b>6-18-1953</b>			REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] 474 S. Broadway - Marshall, Mo.</b>					
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MAILED 26 1914

**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. Leali Sweeney

Licensed Embalmer No. 3225

P. O. Address Marshall, W. Va.

**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.