

No. 300  
10.48

0310

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

FILED NOV 9-1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35456**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5359 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River Township</u>	
c. LENGTH OF STAY (in this place) <u>Yrs.</u>		0310	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 Mile South Jameson, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile South Jameson Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Merrifield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 30 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 14 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 Hrs. Min.
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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>Farm Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Merrifield</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Gregg</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Abe Merrifield, Jameson, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of lungs, Cardiac enlargement</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal + prostatic disease, Uremia</u> DUE TO (c) <u>infection of lungs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Very enlargement of prostate</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 11:15 P., from the causes and on the date stated above.

23a. SIGNATURE (Deduce if title) <u>H. W. Bailey 2nd</u>	23b. ADDRESS <u>Gallatin Mo</u>	23c. DATE SIGNED <u>11-2-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jameson, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-4-53</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>	ADDRESS <u>Gallatin, Mo.</u>
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(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

*L. O. Dickerson*

Licensed Embalmer No. *3307*

P. O. Address *Fall River, 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.