

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>47 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. AUKES HOSPITAL</b>					
e. STREET ADDRESS (If rural, give location) <b>204 EAST 68<sup>th</sup> STREET</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle) <b>G.</b>		c. (Last) <b>MERCER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 6, 1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 9, 1889</b>	
9. AGE (In years last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SPECIAL AGENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LINCOLN NAT'L LIFE INS. CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NEBRASKA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>DANIEL MERCER</b>		13b. MOTHER'S MAIDEN NAME <b>LILLIAN JAGUES</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCES MERCER</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>486-09-7436</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. FRANCES MERCER, 204 E. 68<sup>th</sup> ST.</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Primary Carcinoma Gall bladder</b>				<b>155X</b>	
DUE TO (c) <b>Metastatic Liver Lung Les.</b>		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 <b>July 6/11 1954</b>				20. AUTOPSY? YES <input checked="" 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 **July 4, 1954** to **July 6, 1954**, that I last saw the deceased alive on **July 6, 1954**, and that death occurred at **3:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry E. Kelly MD</b> (Degree or title)		23b. ADDRESS <b>807 Angyle Bldg.</b>		23c. DATE SIGNED <b>7/7/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 8, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-8-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. N. Newcomer's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MISSOURI</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
TERRY E. KELLY

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.....  
Signature of Student Embalmer

Signed.....  
*Robert H. Kerson*

Licensed Embalmer No. *48*

P. O. Address *K. P. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.