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JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15739

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <i>Camden</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Douglas</i> 8750	
b. CITY OR TOWN <i>Rural Dept</i>		c. CITY OR TOWN <i>Lawrence</i>	
c. LENGTH OF STAY (in this place) <i>3</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Al Shusters Resort</i>			
e. STREET ADDRESS (If rural, give location) <i>825 Maple</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Paul</i> b. (Middle) <i>Eugene</i> c. (Last) <i>Merkel</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 2-1956</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>wh</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>July 14, 1938</i>		9. AGE (If years last birthday) <i>17</i>		IF UNDER 1 YEAR: Months <i>10</i> Days <i>18</i> IF UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Boy</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Public School</i>		
11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>			12. CITIZENSHIP OF WHAT COUNTRY <i>Mo</i>		

13a. FATHER'S NAME <i>Larry Merkel</i>		13b. MOTHER'S MAIDEN NAME <i>Mildred von Harris</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Mildred Robinson, Lawrence, Kan.</i>	

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) <i>Suffocation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <i>accidental drowning</i> rise to the above cause (a) stating the underlying cause last. <i>Swimming across body of water</i>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Seemed to be winded</i>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>0 15 9294 42</i>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, in car, factory, street, office bldg, etc.) <i>Rest Camp</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Orange T Camden MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 2-1956 7 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Swimming in Lake of the Ozarks</i>	

22. I hereby certify that I examined the deceased from *June 2*, 1956, to *June 2*, 1956, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *7 PM*, from the causes and on the date stated above:

23a. SIGNATURE (Degree or title) <i>Abbie Bankson Woolery, Coroner</i>		23b. ADDRESS <i>Camden, Mo</i>		23c. DATE SIGNED <i>June 3-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>June 3, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>	
		24d. LOCATION (City, town, or county) (State) <i>Lawrence Kansas</i>			

DATE REC'D BY LOCAL REG <i>June 6-1956</i>		REGISTRAR'S SIGNATURE <i>Gilpha Draw</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bankson Woolery, Camden, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1956

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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 Reed* .....

Licensed Embalmer No. *374*

P. O. Address *Camden*

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.