

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20292**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5472** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP Spickard #4 Harrison Twp Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mo. Spickard R.F.D. #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Spickard, Mo R.F.D. #4	

3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) McClellan c. (Last) Merryman			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH July 22, 1883		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J.H. Merryman		13b. MOTHER'S MAIDEN NAME Evelyn Baker		14. NAME OF HUSBAND OR WIFE Mary Merryman (Dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Gus Bulyer Spickard, Mo. #4	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 or 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease			
		DUE TO (c)			
		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 4261			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) (Min.)		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 Jan 11, 1956, to June 30, 1956, that I last saw the deceased alive on June 28, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. McClellan M.D.		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 7-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/3/56		24c. NAME OF CEMETERY OR CREMATORY Maple Grove	
24d. LOCATION (City, town, or county) (State) Trenton, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chas. D. Gipson Trenton, Mo.			
DATE REC'D BY LOCAL REG. 7-5-56		REGISTRAR'S SIGNATURE Gene Fair			

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 Carl Keeney

Licensed Embalmer No. 3517

P. O. Address Trenton

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.