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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

33525

STATE FILE NUMBER

FILED NOV 7 - 1956

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 700

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gilman City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cox Rest Home		Length of stay in lb 1Yr. 11Mo.	d. STREET ADDRESS ---		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Wardie Augustus Merritt			4. DATE OF DEATH Month October Day 26 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Daviess Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Merritt			14. MOTHER'S MAIDEN NAME Ellen Jarrett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ---		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Corbin Feurt, Jameson, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac vascular renal disease, cerebral thrombosis					INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) prostatic enlargement & pyelitis			3 yrs
		DUE TO (c) Chronic nephritis & Hypertension			3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) arterial sclerosis, Senile dementia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 54 to Oct 26 56 and last saw her/him alive on Oct 25/56 Death occurred at 7:50 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. W. Bailey, M.D. (Degree or title)			22b. ADDRESS Gallatin, Mo.		22c. DATE SIGNED Oct 27/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 20-28-1956	23c. NAME OF CEMETERY OR CREMATORY Hickory Creek Cem.		23d. LOCATION (City, town, or county) (State) Daviess County, Missouri
24. FUNERAL DIRECTOR L. C. Richerson Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 10-29-1956		26. REGISTRAR'S SIGNATURE Frederic M. Engelhart	

(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.....
Signature of Student Embalmer

Signed.....
L. O. Richesson

Licensed Embalmer No.....
33

P. O. Address.....
Palatka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.