

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017711
STATE FILE NUMBER

FILED MAY 22 1957

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 12

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH <i>Mountain View Convalescent</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Jefferson County, Mo. Home</i>		a. STATE <i>Flat River</i> b. COUNTY <i>St. Francois</i> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Festus, Mo.</i>		c. CITY OR TOWN <i>Flat River, Mo.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>9 min New Convalescent</i>		d. STREET ADDRESS <i>508 West Main St.</i>	
3. NAME OF DECEASED (Type or print) <i>Mattie J. Merrill</i>		4. DATE OF DEATH <i>5-3-57</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 6, 1871</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>85-11-27</i>	9d. IF UNDER 1 YEAR Months Days Hours Min. <i>27</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. James Co. New Bern N.C.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Riddle</i>	14. MOTHER'S MAIDEN NAME <i>Margaret Hardin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>495-14-2558</i>	17. INFORMANT <i>Randall Merrill - Flat River, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio Vascular Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>Worse luck</i>
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 <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	20g. COUNTY STATE
21. I attended the deceased from <i>5-17-55</i> to <i>5-3-57</i> and last saw her alive on <i>5-3-57</i> Death occurred at <i>4:55 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R. D. D. Cornell, M.D.</i>		22b. ADDRESS <i>Crystal City, Mo.</i>	22c. DATE SIGNED <i>5-4-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>May 5, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Park View Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Stannington Mo.</i>
24. FUNERAL DIRECTOR <i>Alvin W. Hood</i>	ADDRESS <i>303 Chestnut Flat River, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-11-57</i>	26. REGISTRAR'S SIGNATURE <i>Grace G. Fisher</i>

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 14 1957

MAY 23 1957

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 *Al W. Hood*

Licensed Embalmer No. 2780
303 Crane St.
P. O. Address Flat. R. R. 1

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.