

alth,
elfare
blic
rvice

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009468

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 120

Primary Registration District No. 4195

Registrar's No. 188

00
57

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gentry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gentry 0380 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Perry Middle Franklin Last Mercer			4. DATE OF DEATH Month March Day 17 Year 1958		
---	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 31, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Nodaway Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	---

13a. FATHER'S NAME Elijah Mercer	13b. MOTHER'S MAIDEN NAME Sally Stephenson	14. NAME OF HUSBAND OR WIFE Mary Martin Mercer
--	--	--

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. None	17. INFORMANT Mr. Frank Mercer	Address Gentry, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis			
DUE TO (c) Hypertension 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 21
---	---

20c. TIME OF INJURY Hour 8:30 Month 3 Day 7 Year 58 a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany Mo	COUNTY Missouri	STATE
---	--	--	---------------------------	-------

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 Albany Mo	COUNTY Missouri	STATE
21. I attended the deceased from 3-7-58 to 3-17-58 and last saw him alive on 3-15-58 Death occurred at 8:30 am on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE L. M. Quonan MD (Degree or title)	22b. ADDRESS Albany Mo	22c. DATE SIGNED 3-18-58
--	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY New Friendship	23d. LOCATION (City, town, or county) (State) Gentry Co. Missouri
--	-----------------------------------	---	---

24. FUNERAL DIRECTOR Clifford Brooks	ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 19-1958	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
--	-------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, coroner, etc.: must be causally related. All diseases in Part I must be causally related.

542

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^{me}....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Donald E. Cochell*

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.