

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017005

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 325

Primary Registration District No. 6099

Registrar's No. 56

300

1-57

780

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Schuyler</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Prairie Township</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <i>Queen City</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b <i>7 yrs</i> | | d. STREET ADDRESS (If outside, give location) <i>1 1/2 miles west</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last <i>CHARLES LAWRENCE MERCER</i> | | | 4. DATE OF DEATH Month Day Year <i>April 7 1958</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>July 27, 1883</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 11. BIRTHPLACE (City and state or country) <i>Illinois</i> |
| 13a. FATHER'S NAME <i>Thomas Mercer</i> | | 13b. MOTHER'S MAIDEN NAME <i>Julia Courtwright</i> | 14. NAME OF HUSBAND OR WIFE <i>Catharine Mercer</i> |
| 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>519-24-8987</i> | 17. INFORMANT Address <i>Wm. & Catharine Mercer Queen City 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>Massive Pulmonary Thrombus</i> DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) <i>—</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>—</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i> <i>10 years</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.) <i>—</i> | |
| 20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m. <i>—</i> | | | |
| 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.) <i>—</i> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>—</i> |
| 21. I attended the deceased from <i>8/23/50</i> to <i>4/7/58</i> and last saw him alive on <i>4/7/58</i> Death occurred at <i>10:15 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>Edward M. Roberts M.D.</i> | | 22b. ADDRESS <i>2 Queen City, Mo.</i> | 22c. DATE SIGNED <i>4/8/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>April 9-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Not known</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>Wooly Funeral Home Queen City, Mo.</i> | | 23d. LOCATION (City, town, or county) (State) <i>Moscow Idaho</i> | |
| 25. DATE RECD. BY LOCAL REG. <i>4-9-58</i> | | 26. REGISTRAR'S SIGNATURE <i>Wm. E. J. Drake</i> | |

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 *Jack H. Gandy*

Licensed Embalmer No. *4619*

P. O. Address *Quincy, Ill.*

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.