MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010525

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 329

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	5117
2	5117
3	
4	1
5	1
6	
7	0
8	1
9	950X
10	46
11	131
12	3-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 48yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph, Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6633 King Hill — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Kathryn — Middle Bernice — Last Merriott

4. DATE OF DEATH: Month March, Day 6, Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 3, 1914
9. AGE (last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St. Joseph, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Robertson
13b. MOTHER'S MAIDEN NAME: Christina Shire
14. NAME OF HUSBAND OR WIFE: Clarence Merriott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clarence Merriott, Address: St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause pe[illegible]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pseudo membranous Enterocolitis	48 h.
DUE TO (b)	Intestinal obstruction	48 h.
DUE TO (c)	Postoperative Adhesions	10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2/24/63, to 3/6/63 and last saw her alive on 3/6/63
Death occurred at 5P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Scott C Benson M.D.
22b. ADDRESS: 324 N. 6th
22c. DATE SIGNED: 3/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/9/63
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo

24. FUNERAL DIRECTOR: John E. Ripp — ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: Mar. 14. 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Goodell

S.C. Benson M.D.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 3-7-63

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 John E Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.