

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027846

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 19

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

FILED AUG 13 1963	
1. PLACE OF DEATH	
a. COUNTY <p style="text-align: center;">Franklin</p>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">Gerald, Boone</p>	a. STATE <p style="text-align: center;">Missouri</p>
Length of stay in 1b <p style="text-align: center;">Life</p>	b. COUNTY <p style="text-align: center;">Franklin</p>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">At Home</p>	c. CITY OR TOWN <p style="text-align: center;">Gerald</p>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">Route 1</p>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <p style="text-align: center;">WILLIAM</p>	Middle <p style="text-align: center;">H.</p>
Last <p style="text-align: center;">MERK</p>	4. DATE OF DEATH Month Day Year <p style="text-align: center;">August 3, 1963</p>
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">July 4, 1904</p>
9. AGE (last birthday) <p style="text-align: center;">59</p>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farming</p>
11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Gerald, Missouri</p>	12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">U.S.A.</p>
13a. FATHER'S NAME <p style="text-align: center;">Frederich Merk</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Annie Sickendick</p>
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">None</p>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>
16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	17. INFORMANT <p style="text-align: center;">Mr. Ed. Merk, Gerald, Missouri</p>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <p style="text-align: center;">Gangrene Pt. Foot</p>	
DUE TO (b) <p style="text-align: center;">Diabetes Mellitus</p>	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p style="text-align: center;">Generalized Atherosclerosis</p>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	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 <u>4/2/62</u> to <u>8/3/63</u> and last saw her <u>alive</u> on <u>8/1/63</u> . Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <p style="text-align: center;">James C. Shea M.D.</p>	22b. ADDRESS <p style="text-align: center;">Gerald, Mo.</p>
22c. DATE SIGNED <p style="text-align: center;">8/5/63</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	23b. DATE <p style="text-align: center;">August 5, 1963</p>
23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Pauls Cemetery</p>	23d. LOCATION (City, town, or county) <p style="text-align: center;">Gerald, Franklin, Mo.</p>
24. FUNERAL DIRECTOR <p style="text-align: center;">Oltmann Funeral Home, Gerald, Mo.</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">Aug 5 - 1963</p>
26. REGISTRAR'S SIGNATURE <p style="text-align: center;">John Charles Finley, Gerald, Mo.</p>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1963

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 Orval L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Union, Missouri

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.