

FILED JUL 28 1971

124

STATE FILE NUMBER
71 0029343

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 357

- DO NOT WRITE ON THIS STUB
- 9. 0
 - 10a. 83
 - 10b.
 - 11. 1
 - 12. 2
 - 13. 409
 - 14.
 - 15. 4
 - 16.
 - 17.
 - 18. 0
 - 19. CREDITS
 - 20. 1-0

VS 300
Rev. 1/70

40941

5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. GIRNEY H. MERRITT		2. MALE	3. JULY 18, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) Mo. DAY	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. WHITE	5a. 83	5b.	5c.
CITY, TOWN, OR LOCATION OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
7b. BONNE TERRE		6. JANUARY 25, 1888	7a. ST. FRANCOIS
7c. YES		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7d. BONNE TERRE HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. TEXAS	9. U.S.A.	10. WIDOWED	11. DAVIS BESSIE MERRITT, dec'd.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 493-03-9389	13a. LABORER	13b. LABORER-RETIRED.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. MO.	14b. ST. FRANCOIS	14c. R.F.D. 2. FARMINGTON	14d. NO.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. WISEMAN MERRITT		16. ROLENS ALICE MERRITT	
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. MRS IRENE MIDGETT	17b. FLAT RIVER MO. 63601.		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arterio Sclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

DATE OF INJURY (MONTH, DAY, YEAR)

HOUR

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a.

20b.

20c.

20d.

INJURY AT WORK (SPECIFY YES OR NO)

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e.

20f.

20g.

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS

20h. YES NO UNK

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM

MONTH DAY YEAR TO MONTH DAY YEAR

21a. 7-5-64 TO 7-18-71

AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR

21c. 7-18-71

I DID (OR NOT) VIEW THE BODY AFTER DEATH.

21d. did

DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21e. 6:45 P.M. TO THE CAUSE(S) STATED.

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT)

22a. C.H. Appleberry, M.D.

SIGNATURE

22b. [Signature]

DEGREE OR TITLE

22c. M.D.

DATE SIGNED (MONTH, DAY, YEAR)

22d. 7-20-71

MAILING ADDRESS—CERTIFIER

23a. 43 St. Joe St Rivermines Mo 63601

STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. BURIAL

CEMETERY OR CREMATORY—NAME

24b. I.O.O.F. CEMETERY

LOCATION CITY OR TOWN STATE

24c. BISMARCK MO.

DATE (MONTH, DAY, YEAR)

24d. JULY 20, 1971

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24e. CALDWELL FUNERAL HOME 7-11 E. MAIN ST. FLAT RIVER MO.

FUNERAL DIRECTOR—SIGNATURE

25a. David P. Caldwell

REGISTRAR—SIGNATURE

25b. [Signature]

DATE RECEIVED BY LOCAL REGISTRAR

26. July 29, 1971

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 29 1971

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.