

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4194

State File No.

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo</u>		c. CITY OR TOWN <u>Centertown, Mo</u>	d. Is Residence within limits of a city or incorporated town? Year <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Gen Del. 0260</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Centertown, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) _____ c. (Last) <u>Mertens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/20/56</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days <u>8</u> Hours <u>4</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Loran Livingston</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rybolt</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Mertens</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. A. Mertens</u>	ADDRESS <u>Centertown, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 weeks</u> <u>42 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u>		
	DUE TO (c) <u>circulatory atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 8, 1952, to Feb 20, 1956, that I last saw the deceased alive on Feb 19, 1956, and that death occurred at 10:16 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carleton W. Marshall M.D.</u>	23b. ADDRESS <u>Centertown, Mo</u>	23c. DATE SIGNED <u>2/21/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>		

DATE REC'D BY LOCAL REG. <u>Feb 23</u>	REGISTRAR'S SIGNATURE <u>My Missie Hettumeyer</u>	70-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Bonlin</u>	ADDRESS <u>California, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1957

MAR 21 1958

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 *Jesse H. Borwick*

Licensed Embalmer No. *493*

P. O. Address *California*

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.