

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3834

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>10225</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Vernon</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 yr 3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARR State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>221 West Calhoun</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRY - COOK - ERBEN</u>		c. (Last) <u>RUTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug 20, 1908</u>	
9. AGE (in years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. cook</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harry Erbenruth</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Cook</u>		14. NAME OF HUSBAND OR WIFE <u>none - single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 3 Nevada Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Meningoencephalitis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Leues</u>					
		DUE TO (c) <u>✓</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>024X</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1948</u> , to <u>Feb 6, 1949</u> , that I last saw the deceased alive on <u>Feb 5, 1949</u> and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul L. Barone MD</u>				23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>Feb 4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Feb 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNN Funeral Home</u>		ADDRESS <u>Springfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-49-72

Date Filed 2-14-49

OCT 18 1949

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
Student Embalmer

Signed W. M. Coan.....

Licensed Embalmer No. 2727.....

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.