

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20411

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5860</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong, (Rural)</u>		c. LENGTH OF STAY (in this place) <u>12 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong, (Rural)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>			b. (Middle) <u>Newton</u>			c. (Last) <u>Ehrhardt</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1949</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 15, 1894</u>	9. AGE (In years last birthday) <u>55</u>	10. MONTHS <u>2</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND-OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sharp county Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Pettis Ehrhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Louvina Nobles</u>			14. NAME OF HUSBAND OR WIFE <u>Rebecca Ehrhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Vida Campbell, Koshkonong, Missouri</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decomposition of Brain</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>193X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Decomposition of Brain</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.) _____		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 <u>Nov</u> , 19 <u>46</u> , to <u>March</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W Cooper M.D.</u>				23b. ADDRESS <u>Thayer, Missouri</u>		23c. DATE SIGNED <u>5-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/29/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 30-49</u>		REGISTRAR'S SIGNATURE <u>Ella Crass</u>		416 <u>Thayer, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thayer, Missouri</u> ADDRESS _____	

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

75  
0  
0

RECEIVED

6/6/49

District Health Officer No. 2

District

649437

Date Filed

6/16/49

REC'D JUN 27 1950

JUN 27 1950

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

*Richard Carter*

Licensed Embalmer No. ....

4516

P. O. Address

*Shawnee, Miss*

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.