

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24076

State File No. ....

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BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5750 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francis Dep. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - St. Francis Dep.</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. S.W. of Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) <u>Hallie</u>		b. (Middle) <u>mae</u>	
c. (Last) <u>Erhardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1949</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>March 6, 1915</u>
9. AGE (In years last birthday) <u>34</u>		# UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	
# UNDER 18 HRS. Hours <u>   </u> Min. <u>   </u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Kentucky</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Noble Myers</u>	
13b. MOTHER'S MAIDEN NAME <u>Katie Ritchell</u>		14. NAME OF HUSBAND OR WIFE <u>Claude J. Erhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Claude J. Erhardt, Fredericktown, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42001</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Sept 27, 1948</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 27, 1948</u> , and that death occurred at <u>4:00 a.m.</u> ; from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth Wheeler MD</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>	
23c. DATE SIGNED <u>7-9-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/12/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>	
25. ADDRESS <u>Fredericktown, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-18-1949</u>	
REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		189	

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

RECEIVED 7-28-49

District Health Officer No. 4

District File Number 749-996

Date Filed

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 *A. Taylor Adams*

Licensed Embalmer No. 4357

P. O. Address *Fredericktown, 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.