

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36518**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **265**

0260

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 6 Miles West		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 6 miles west of Jc. mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles west jefferson city mo.		d. STREET ADDRESS (If rural, give location) 6 miles west of Jefferson city, mo	
3. NAME OF DECEASED (Type or Print) Alexander William Erhart a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Nov. 28, 1950 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24, 1920
9. AGE (In years last birthday) 30		10. MONTH 10	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Labrick Co.	11. BIRTHPLACE (State or foreign country) Chandler Okla.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alex Erhart	
13b. MOTHER'S MAIDEN NAME Emma Connell		14. NAME OF HUSBAND OR WIFE Margaret Erhart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2nd world war		16. SOCIAL SECURITY NO. 489-16-3326	
17. INFORMANT'S SIGNATURE OR NAME Alex Erhart		ADDRESS Jefferson City, Mo.	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death			89/60 16
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) House burned the underlying cause last.			
DUE TO (c)			
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		026	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-28-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR House burned			
22. I hereby certify that I attended the deceased from Dead when viewed , 19 50 , that I last saw the deceased alive on Nov. 28 , 1950, and that death occurred at 2:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J.T. Leslie (Coroner) M.D.		23b. ADDRESS Jefferson City, Mo	
23c. DATE SIGNED 11-29-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29, 1950	
24c. NAME OF CEMETERY OR CREMATORY Reverian Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Nov. 29-1950		REGISTRAR'S SIGNATURE R.P. Davis MD - MR 68	
25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch		ADDRESS Jefferson City	

RECEIVED 12/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/2/50

DEC 2 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 _____

working under my personal supervision.

Student Embalmer No. 389

Signed

Student Embalmer

Signed

Licensed Embalmer No. 3701

P. O. Address

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.