

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36520

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5803 Registrar's No. 267

260

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

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>Rural 6miles west Jefferson city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 6mileswest Jeffersoncity</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6miles west jefferson city</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
3. NAME OF DECEASED a. (First) <u>Janette</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Erhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 15, 1944</u>
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Sidney Australia</u>
12. CITIZEN OF WHAT COUNTRY? <u></u>		13a. FATHER'S NAME: <u>Alexander W. Erhart</u>	
13b. MOTHER'S MAIDEN NAME: <u>Margaret Young</u>		14. NAME OF HUSBAND OR WIFE <u></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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alex Erhart Jefferson City, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>House burned</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>026</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-1950 about 2:30 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned</u>	
22. I hereby certify that I attended the deceased from <u>Dead when viewed</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 28</u> , 19 <u>50</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. T. Leslie, Coroner M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>11-29-50</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		23f. DATE REC'D BY LOCAL REG. <u>Nov. 29-1950</u>	
23g. REGISTRAR'S SIGNATURE <u>R.P. Davis MD-NR. 68</u>		23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Busch Jefferson City Mo</u>	

RECEIVED

12/2/58

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12/2/58

SEP 2 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. 389

Signed Billy Lloyd Shackelford  
Student Embalmer

Signed Victor Busch

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.