

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36521

State File No. _____
Registrar's No. 268

FILED DEC 4 1950

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 53070

260

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

1. PLACE OF DEATH a. CITY <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>6 miles west Jeff City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 miles west Jeff City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles west Jeff City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles west Jeff City, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Kirsten Erhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1950</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 9, 1948</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> IF UNDER 24 HRS. Hours Min.
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>Jefferson City, Mo.</u>
13a. FATHER'S NAME <u>Alexander Erhart</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Young</u>	
14. NAME OF HUSBAND OR WIFE				

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>	
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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>Burned to death</u>		DUPLICATE OF (a) <u>House burned</u>		<u>E9160</u> <u>16</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) <u>House burned</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Hours) (Min) <u>11:30 AM 11-28-1950</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 Dead, that I last saw the deceased Nov. 28, 1950, and that death occurred about 2:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.P. Leshie (Coroner) M.D.</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>11-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kate's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 29-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. - NR. 108</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Busch Jefferson City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/2/57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/2/57

SEP 4 1957

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 Buscher

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.