

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1882

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 3

550  
1

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona, Mo. 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Verona - City</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>Verona - City</u>	

3. NAME OF DECEASED (Type or Print) <u>ALFRED</u>	a. (First)	b. (Middle)	c. (Last) <u>ERICKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 6, 52</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>April 28, 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmër</u>	11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Lawrence County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Andrew Erickson</u>	13b. MOTHER'S MAIDEN NAME <u>Cavilon Oberg</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie Erickson</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>493-14-1615</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flossie Erickson - Verona, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstital Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MO.</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5.94.X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT (Specify) <u>Natural</u>	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) (m.)	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 Nov. 1, 1952, to Jan. 6, 1952, that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Heron M.D.</u> (Degree or title)	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>Jan 7-52</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan. 16-1952</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u> 157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran L. Marsh</u>	ADDRESS <u>Aurora, Mo.</u>
--	---	---	----------------------------

MAR 26 1951

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.....

Kenneth E. Hayes

Student Embalmer No. 428

working under my personal supervision.

Student Kenneth E. Hayes  
Student Embalmer

Signed.....

Oliver L. Ward

Licensed Embalmer No. 3812

P. O. Address Aurora, Missouri

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.