

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3649

State File No.

Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 448

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u> <u>0990</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>0990</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GORIN</u>		c. CITY OR TOWN <u>9</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>ERICKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>16</u> <u>'54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 26, 1866</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR <u>6</u> MONTHS <u>20</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ASTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>ISAAC SNIDER</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BOLEY</u>	14. NAME OF HUSBAND OR WIFE <u>ELIAS ERICKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Erickson</u> ADDRESS <u>Memphis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>15 yr</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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 Jan 10, 1954 to Jan 16, 1954, that I last saw the deceased alive on April 7, 1953, and that death occurred at 7 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Shepherdson M.D.</u>	23b. ADDRESS <u>Memphis, Mo</u>	23c. DATE SIGNED <u>1/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GORIN CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>1-21-1954</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>	24d. LOCATION (City, town, or county) (State) <u>GORIN MO</u>
FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Payne & Sons</u>		ADDRESS <u>Memphis, Mo</u>

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

MAR 1 1935

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.....
Signature of Student Embalmer

Signed... *Neal Payne*

Licensed Embalmer No. *2555*

P. O. Address... *Memphis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.