

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3894**
Registrar's No. **39**

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5033**

0040

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

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Euterwiler		c. LENGTH OF STAY (In this place) 48 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Euterwiler		0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. BENTON CITY		d. STREET ADDRESS (If rural, give location) R.F.D. BENTON CITY	

3. NAME OF DECEASED (Type or Print)	a. (First) CHRISTIAN	b. (Middle) LOWELL	c. (Last) ERISMAN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 3, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 24, 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) AUDRAIN CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME CHRISTIAN W. ERISMAN	13b. MOTHER'S MAIDEN NAME JENNIE STAUFFER	14. NAME OF HUSBAND OR WIFE ALICE ASHCRAFT ERISMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ALICE ERISMAN	ADDRESS R.F.D. BENTON CITY
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of Larynx with metastases to deep cervical glands		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aptotic Anemia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 years	
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **5-10**, 1951, to **2-19**, 1954, that I last saw the deceased alive on **2-19**, 1954, and that death occurred at **3 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest S. Smith MD	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 3-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/4/54	24c. NAME OF CEMETERY OR CREMATORY EAST LAWN CEMETERY	24d. LOCATION (City, town, or county) (State) MEXICO, MO.
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DATE REC'D BY LOCAL REG. Mar 4-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Neely	ADDRESS Mexico, Mo.
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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
Student Embalmer

Signed *Billy J. Werner*

Licensed Embalmer No. 4784

P. O. Address Mexico, 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.