

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4638**

0422
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BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Rural Route 4,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		d. STREET ADDRESS (If rural, give location) 0422/1	
3. NAME OF DECEASED (Type or Print) Emma Ehrhardt			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 13, 1868
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Adam Ehrhardt	
13b. MOTHER'S MAIDEN NAME Rosena Bauder		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Henny, RFD.4, Clinton, Mo.		ADDRESS Clinton, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Hip 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. E9000 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUCCEEDING NONFATAL (Specify) Fall of Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Mo R.R., Henry Mo 0422	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-22-1954 7A-	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on steps	
22. I hereby certify that I attended the deceased from 2-22 , 1954, to 2-28 , 1954, that I last saw the deceased alive on 2-28 , 1954, and that death occurred at 4 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. W. Tansant, M.D.		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 3-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Riverview cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Mar 2-54	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Tansant, Clinton, Mo.	

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

RECEIVED

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 W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.