

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11163

State File No. _____

BIRTH NO. FILED APR 28 1954 REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4032 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Amsterdam</u>)	c. LENGTH OF STAY (in this place) <u>67yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Amsterdam, Mo. 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Erick</u> b. (Middle) <u>August</u> c. (Last) <u>Erickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-1954</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>2-22-1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1000 HOURS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>Aland, Finland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>unk</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Englund</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Erickson, Amsterdam, Mo.</u>		ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old mitral valve disease</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>410 X</u>	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 April 1, 1954, to April 23, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben Hartwell M.D.</u>	23b. ADDRESS <u>Drexel, Mo</u>	23c. DATE SIGNED <u>4-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scott Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-25-54</u>	REGISTRAR'S SIGNATURE <u>L.E. Troupe</u>	488	25. FUNERAL DIRECTOR'S SIGNATURE <u>Archev Mangold</u>	ADDRESS <u>Amsterdam, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Robert L. Mangold

Student Embalmer No. *525*

working under my personal supervision.

Student *Robert L. Mangold*
Student Embalmer

Signed *Ward Sturman*

Licensed Embalmer No. *3222*

P. O. Address *Louisburg, Kansas*

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.