

11513

FILED MAY 5 1955

REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5436 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Rural Boulware Twp.</b>		c. LENGTH OF STAY (in this place) <b>57 yrs.</b>		c. CITY - OR TOWN <b>Bay</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Farm Home</b>				e. STREET ADDRESS (If rural, give location) <b>03705</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amalia</b>			b. (Middle) <b>Erfmann</b>		c. (Last) <b>Erfmann</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1955</b>								
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 31, 1870</b>		9. AGE (In years last birthday) <b>84</b>	10. COUNTRY OF BIRTH (If under 1 year, Months; Days; Hours; Min.) <b>USA</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bay, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>August Wegener</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Niemann</b>		14. NAME OF HUSBAND OR WIFE <b>John Erfmann</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Erfmann</b> ADDRESS <b>Bay, Mo</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Degeneration</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced Arteriosclerosis</b> DUE TO (c) <b>Arteriosclerotic Gangrene - Left foot and ankle</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>1 yr.</b> <b>7 wks.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4501</b>				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 <b>3-1</b> , 19 <b>55</b> , to <b>4-24</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4-23</b> , 19 <b>55</b> , and that death occurred at <b>1:30</b> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree & title) <b>Ronald Brunner, M.D.</b>				23b. ADDRESS <b>Owensville, Mo.</b>		23c. DATE SIGNED <b>4-25-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-26-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls E &amp; R Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Bay, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-26-55</b>		REGISTRAR'S SIGNATURE <b>Delma Gerken</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Millard H. H. Twinter</b>		ADDRESS <b>OWENSVILLE</b>		

VS MAR 31 1959

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....

P. O. Address.....

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.