

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2422BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6013 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clifton Township</u>		c. CITY OR TOWN <u>Clifton Township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Northwest of Clifton Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northwest of Clifton Hill</u>		0880	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Earl</u> c. (Last) <u>Ehrhardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 5, 1956</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>November 5, 1890</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Ehrhardt</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Onie Ehrhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-12-3605</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Onie Ehrhardt</u>		ADDRESS <u>Clifton Hill, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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 <u>4-5-51</u> to <u>2-5-56</u> , 19____, that I last saw the deceased alive on <u>2-5-56</u> , 19____, and that death occurred at <u>1:15 A.M.</u> on <u>Feb. 5, 1956</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. M. J. Jones</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Clifton Hill, Mo.</u>	
23c. DATE SIGNED <u>2/8/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>2-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Hunterwell</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Feb. 9-1956</u>		REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u> <u>482</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Tom B. Patton.....

Licensed Embalmer No. 39119

P. O. Address Huntville

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.