

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4367

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 194-B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN URBANA	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp		e. STREET ADDRESS (If rural, give location) 3001	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) Lee c. (Last) ERICKSON			4. DATE OF DEATH (Month) (Day) (Year) 2-29-56		
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 3-27-1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Month 11 Days 2	IF UNDER 24 HRS. Hour 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Cafe Operator	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Kansas city, Kans	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME OTTO ERICKSON	13b. MOTHER'S MAIDEN NAME MARtha RICE	14. NAME OF HUSBAND OR WIFE LIZZIE ERICKSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 497-22-2237	17. INFORMANT'S SIGNATURE OR NAME MR. LeROY ERICKSON	ADDRESS Nevada, MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 331x	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 **2-25**, 19**56**, to **2-29**, 19**56**, that I last saw the deceased alive on **2-29**, 19**56**, and that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) J.P. Madrup M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 3/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-2-1956	24c. NAME OF CEMETERY OR CREMATORY Little Niagara cem.	24d. LOCATION (City, town, or county) (State) Hickory CO MO
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DATE REC'D BY LOCAL REG. 3-6-56	REGISTRAR'S SIGNATURE John Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan	ADDRESS 21 Swan, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1956

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 *Allen W. Vaughan*

Licensed Embalmer No. *H. 156*

P. O. Address *Urban*

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.