

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16475**

BIRTH NO.		REG. DIST. NO. <b>64</b>		PRIMARY REG. DIST. NO. <b>5247</b>		Registrar's No. <b>221</b>	
1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salisbury</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salisbury</b>		d. STREET ADDRESS (If rural, give location) <b>3/4 Mi North of Salisbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3/4 Mi North of Salisbury</b>				d. STREET ADDRESS (If rural, give location) <b>3/4 Mi North of Salisbury</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Allen</b>		b. (Middle) <b>Martin</b>		c. (Last) <b>Ehrhardt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH (Month) (Day) (Year) <b>Aug 16 1875</b>	
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Rural Salisbury Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Rural Salisbury Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Ehrhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Catherine Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Lyde Keller Ehrhardt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-42-5790</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas H. Ehrhardt</b> ADDRESS <b>Salisbury 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary sclerosis</b>				2 yrs			
DUE TO (c) <b>B Hypertrophy of prostate</b>				4 yrs			
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		4201		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min)		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>Feb 2 1956</b> to <b>May 29 1957</b> , that I last saw the deceased alive on <b>May 28 1957</b> , and that death occurred at <b>4 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Salisbury, Mo</b>		23c. DATE SIGNED <b>May 31 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/31/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Salisbury Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-30-57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B. Winkelmayer</b> ADDRESS <b>Salisbury Mo.</b>			

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

550

**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 Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Ma.

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.