

Dr. Shull
FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16551**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Jefferson Twnshp	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) 3 1/2 yrs		f. STREET ADDRESS (If rural, give location) R.R.#3, Jefferson City, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Steven b. (Middle) Calvin c. (Last) Erhardt			4. DATE OF DEATH (Month) (Day) (Year) May 15 1957		
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input type="radio"/> WIDOWED, <input type="radio"/> DIVORCED (Specify) never married	8. DATE OF BIRTH Dec-17-1953	9. AGE (In years last birthday) 3	10. UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calvin Erhardt		13b. MOTHER'S MAIDEN NAME Verna Medler		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Calvin Erhardt, Jefferson City, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypoxia, Cardiac + Respiratory center			2 hrs (3)	
ANTECEDENT CAUSES		DUE TO (b) Sinustachycardia (Rate 200/min)			13 hrs	
DUE TO (c) Encephalitis, Acute? excretion of chronic, Cyst. Ant. Pituitary lobe, (Temp 107°)		Obesity and Cushing Syndrome			7-8-hrs?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					2 yrs?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 **Dec 17 1953**, to **May 15, 1957**, that I last saw the deceased alive on **May 15, 1957**, and that death occurred at **3:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald Shull M.D.		23b. ADDRESS 521 E. High Jefferson City, Mo		23c. DATE SIGNED May 17 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May-17-1957		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo					

DATE REC'D BY LOCAL REG. 18 May 1957		REGISTRAR'S SIGNATURE R.C. Harris, M.D. MR.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thorpe J Gordon, Jefferson City Mo	
--	--	---	--	---	--

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

MAY 28 1957

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 *Joseph J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jeff City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.