

FILED MAY 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013790

STATE FILE NUMBER

Registration District No. 119

Primary Registration District No. 5436

Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) Bay			c. CITY OR TOWN Bay		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home			d. STREET ADDRESS (If outside, give location) Bay, Mo.		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Erfmann			4. DATE OF DEATH Month May Day 3 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH July 20, 1868		9. AGE (In years or birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bay, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Erfmann		13b. MOTHER'S MAIDEN NAME Rebecca Buschmann		14. NAME OF HUSBAND OR WIFE Amelia Wegener Erfmann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Louis Erfmann Address Bay, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Degeneration DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 mos 5 yrs.
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 2-7-58 to 5-3-58 and last saw him alive on 5-2-58 Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paula Brown (Degree or title) M.D.			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 5-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-6-1958	23c. NAME OF CEMETERY OR CREMATORY St. Pauls E & R Cemetery		23d. LOCATION (City, town, or county) (State) Bay, Mo.
24. FUNERAL DIRECTOR Myford H. Winter		ADDRESS OWENSVILLE, MO.		25. DATE RECD. BY LOCAL REG. 5-5-1958	26. REGISTRAR'S SIGNATURE Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Thurmond H H Winter

Licensed Embalmer No. 3838

P. O. Address. OWENSVILLE

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.