

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025463

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3658

DECEASED AUG 15 1958

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Independence 7005	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 3440 Evanston	
3. NAME OF DECEASED (Type or print) First Rosalie Middle Sarah Last Erickson		4. DATE OF DEATH Month July Day 30 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 25, 1902
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service	11. BIRTHPLACE (City and state or country) McLeansboro, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service		10b. KIND OF BUSINESS OR INDUSTRY Bureau of Naval Inspection	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Arden Pierce		13b. MOTHER'S MAIDEN NAME Margaret Sanders	
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. 373-22-7975		17. INFORMANT Donald McBride, 3440 Evanston, Indep., 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) Acute Cardiac Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor Pulmonale DUE TO (c) Chronic Pulmonary Fibrosis & Emphysema			INTERVAL BETWEEN ONSET AND DEATH 1 Week Chronic Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 525T			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Death occurred at 2:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Do not use title) David J. Elias M.D.	
22a. SIGNATURE (Do not use title) David J. Elias M.D.		22b. ADDRESS 9306 E 40th St, Independence, Mo.	
22c. DATE SIGNED 7-30-58		22d. SIGNATURE —	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) Elgin, Illinois	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, 1331 Brush Creek		25. DATE RECD. BY LOCAL REG. 7-30-58	
26. REGISTRAR'S SIGNATURE Neve Marshall		27. REGISTRAR'S SIGNATURE —	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

D. J. Elias



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

Signature *Harold L. Esterna*

Licensed Embalmer No. *3035*

P. O. Address *St. Paul*

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.