

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046306

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 485

<b>FILED DEC 21 1962</b>	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cole</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in lb</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Community</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u></p> <p>c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1208 Industrial Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Cherry Lee Erdman</u></p>	
<p>4. DATE OF DEATH <u>December 16, 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-16-62</u></p>
<p>9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min. <u>13 14</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY</p>	
<p>13a. FATHER'S NAME <u>Leonard Keith Erdman</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Virginia Lee Smith</u></p>
<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>	<p>16. SOCIAL SECURITY NO.</p>
<p>17. INFORMANT <u>Leonard Erdman</u> Address <u>1208 Industrial</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral anoxia.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Immaturity.</u></p> <p>DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>at birth</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>12-16-62</u> to <u>12-16-62</u> and last saw her alive on <u>12-16-62</u></p> <p>Death occurred at <u>11:00</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>A. C. Wivegar MD.</u></p>	<p>22b. ADDRESS <u>575 E. High</u></p>
<p>22c. DATE SIGNED <u>11-17-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>	<p>23b. DATE <u>12/17/62</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>HILL-CREST</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>FULTON MO.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>MAUPIN FUNERAL HOME FULTON, MO</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>18 December 1962</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>R.P. Davis MD - Richter Rep</u></p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

DATE AMENDED  
 VS 300 Rev. 4/59  
 1 0269  
 2 0269  
 3  
 4 1  
 5 0  
 6  
 7 0  
 8 2  
 9 7625  
 10  
 11  
 12 3-0  
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student Not \_\_\_\_\_

Signature of Student Embalmer

Signed Glen Manspin \_\_\_\_\_

Licensed Embalmer No. 2725 \_\_\_\_\_

P. O. Address Fulton, Mo. \_\_\_\_\_

**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.