

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044559
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 203

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 9 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate-limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u> | | Length of stay in lb <u>7 yrs.</u> | c. CITY OR TOWN <u>Lebanon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>178 MORTON ROAD Long Nursing Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>950 Springfield Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>John Luther Erp</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 5, 1963</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-4-83</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 9. AGE (last birthday) <u>80</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR |
| 11. BIRTHPLACE (City and state or country) <u>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John W. Erp</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Patterson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Laura Erp</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no none</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. Laura Erp, Lebanon, Mo.</u> Address <u>950 Springfield Rd.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebrovascular accident recurrent</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensory & Nephritis</u> DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH <u>one yr.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>8/6/56</u> to <u>12/5/63</u> and last saw ^{him} _{her} alive on <u>11/30/63</u> Death occurred at <u>4:20</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. J. Fisher</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Lebanon Mo</u> | 22c. DATE SIGNED <u>12/6/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>12-7-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Lebanon, Laclede Co., Mo.</u> |
| 24. FUNERAL DIRECTOR <u>J. J. Shadel</u> ADDRESS <u>Lebanon, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-6-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Wella L. Gray</u> |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 12 1963

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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 Bruce M. Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield 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.

Permit secured 12-6-1963-W.S.M.