

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

0013852

FILE NUMBER

VS 300  
Rev. 4/59

1 5117

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12 86-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

D. E. Sklenar, M.D.

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan<br>b. CITY (If outside corporate limits, give TOWNSHIP only)<br>St. Joseph<br>c. FULL NAME OF (If NOT hospital, give location)<br>Arnold Nursing Home  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan<br>c. CITY OR TOWN St. Joseph<br>d. STREET ADDRESS 3507 Monterey |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>JOHN P. ERICKSON   |   | 4. DATE OF DEATH<br>Month 4 Day 12 Year 64   |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                                    | 8. DATE OF BIRTH<br>12/1/1865  |
| 9. AGE (last birthday)<br>98   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer - retired   |  |
| 11. BIRTHPLACE (City and state or country)<br>Galesburg, Ill.  |   | 12. CITIZEN OF WHAT COUNTRY<br>USA   |  |
| 13a. FATHER'S NAME<br>Nels Erickson  |   | 13b. MOTHER'S MAIDEN NAME<br>unknown   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Susannah McNulty Erickson   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |  |
| 16. SOCIAL SECURITY NO.<br>491-28-3976   |   | 17. INFORMANT<br>W. Harold Erickson, Bolckow, Mo.  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Generalized Arteriosclerosis with decompensation<br>DUE TO (b) General Debility & Malnutrition<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Unknown  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.  | 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 7/3/64 to 4/12/64 and last saw him alive on 4/12/64<br>Death occurred at 4:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE<br>D. E. Sklenar M.D.   |   | 22b. ADDRESS<br>SOCIAL WELFARE BOARD<br>St. Joseph, Missouri   | 22c. DATE SIGNED<br>4/14/64  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial  | 23b. DATE<br>4/15/64  | 23c. NAME OF CEMETERY OR CREMATORY<br>Home   | 23d. LOCATION (City, town, or county) (State)<br>Tarkio, Missouri  |
| 24. FUNERAL DIRECTOR<br>Price Funeral Home, Maryville, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>April 23, 1964   | 26. REGISTRAR'S SIGNATURE<br>Mrs. Clark Goodell  |

Section

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Account issued 4-12-64

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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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.