

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013962

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 780

300
1-57
428

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Deepwater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp | | Length of stay in lb 7 hrs. | d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Julia Middle Edna Last Ehrman | | | 4. DATE OF DEATH Month April Day 20 Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 1, 1878 | 9. AGE (In years of birthday) 79 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Havensville, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Joel Kirk | 13b. MOTHER'S MAIDEN NAME Minerva Smith | 14. NAME OF HUSBAND OR WIFE Frank Ehrman |
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| 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. none | 17. INFORMANT Frank Ehrman Address Deepwater |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stomach Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>? has had no treatment until 6 hr before death</u> DUE TO (c) <u>7845</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 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 |
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| 21. I attended the deceased from <u>4-20-58</u> to <u>4-20-58</u> and last saw her/him alive on <u>4-20-58</u> Death occurred at <u>2 a.m. 4-20-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>H. Walker, M.D.</u> (Degree or title) | 22b. ADDRESS <u>Clinton Mo</u> | 22c. DATE SIGNED <u>4-21-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 22, 58 | 23c. NAME OF CEMETERY OR CREMATORY Brownington Cemetry | 23d. LOCATION (City, town, or county) (State) Brownington, Missouri |
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| 24. FUNERAL DIRECTOR Consalus Funeral Home, Clinton | 25. DATE RECD. BY LOCAL REG. 4-21-58 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

521

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 *Engine R. Consalvo*

Licensed Embalmer No. *4680*
P. O. Address *Clinton, 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.