

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044666

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 6442

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		c. CITY OR TOWN DEEPWATER	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4907 WOODLAND AVENUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
LENORA	KATHERINE	ERHART	DEC.	22	1961
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/8/1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) SEDALIA, MO.	12. CITIZEN OF WHAT COUNTRY U. S. / A.	
13a. FATHER'S NAME WILLIAM SELVEY		13b. MOTHER'S MAIDEN NAME LUCINDA (UNKNOWN)		14. NAME OF HUSBAND OR WIFE CARL ERHART	
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. -----	17. INFORMANT MRS. MAMIE BAILEY KANSAS CITY, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 day
IMMEDIATE CAUSE (a)	Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b)	Generalized Arteriosclerosis	
DUE TO (c)		

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
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19. WAS AUTOPSY PERFORMED? YES <input 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 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 Dec. 15 '61 to Dec. 22 '61 and last saw ^{her} _{him} alive on Dec. 20 '61
Death occurred at A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alfred A. Caruso M.D.	(Degree or title)	22b. ADDRESS 924 - Linwood K.C. Mo	22c. DATE SIGNED 12/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 22, 1961	23c. NAME OF CEMETERY OR INTERMENT PLACE -----	23d. LOCATION (City, town, or county) (State) DEEPWATER MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	Address 331 BRUSH CREEK BLVD.	25. DATE RECD. BY LOCAL REG. 12-24-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF **Alfred A. Caruso** Medical Certification

SHOULD READ

ITEM NO.

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 Raymond M. Har

Licensed Embalmer No. 4913

P. O. Address Indep. M

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.