

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026830

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 166

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb <u>six days</u>	c. CITY OR TOWN <u>Deepwater</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>Jolly Nursing Home</u>		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) First <u>Carl</u> Middle <u>Erhart</u> Last <u>Erhart</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>'62</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/20/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	9. AGE (last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Erhart</u>		13b. MOTHER'S MAIDEN NAME <u>D. Lash</u>	14. NAME OF HUSBAND OR WIFE <u>Lenora Erhart</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-01-4542</u>	
17. INFORMANT <u>Russell Erhart K.C. Mo.</u>		18. ADDRESS <u>1308 Washington</u>	
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>Hypostatic Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>Arteriosclerotic Gangrene Left</u>			<u>21 days</u>
DUE TO (c) <u>Lower extremity - Postoperative</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cephalitis & Pyelitis</u>			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 <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 <u>6/9/62</u> to <u>7/6/62</u> and last saw her/him alive on <u>7/6/62</u> Death occurred at <u>7:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard V. King M.D.</u> (Degree or title)		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	22c. DATE SIGNED <u>7/19/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 8, '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deepwater cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Deepwater, Missouri</u>
24. FUNERAL DIRECTOR <u>Mel Janssen</u> ADDRESS <u>Deepwater, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 19, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Waldred Bigum</u>

State of Missouri Permit Obtained 8-9-62 M.B.

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 Eugene R. Consoal

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.