

STANDARD CERTIFICATE OF DEATH

State File No. **33008**

DUOCT 23 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (When deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Twnshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Twnshp</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1, Jefferson City, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.J.D. 1-</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Otto</u> c. (Last) <u>Erhardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct- 12 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug-25-1913</u>		9. AGE (In years last birthday) <u>38</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Alexander Erhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Loesch</u>		14. NAME OF HUSBAND OR WIFE <u>Venita Erhardt</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Venita Erhardt, Jefferson City, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gun shot wound thro heart with a .22 cal rifle.</u> DUE TO (c) <u>Depressed state of mind</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Riverview Cemetery</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Mo Cole Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-12-1951 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot self with .22 rifle.</u>	

22. I hereby certify that I attended the deceased from Dead 10:00 P.M. 10 P. m., that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Leslie M.D. "Coroner"</u>		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>10-13-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 13-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD. NR</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph J. Padm Jefferson City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-24-51

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
Student Embalmer

Signed Ray J. Jordan
Licensed Embalmer No. 1786
P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.