

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38411**

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 394		
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 8 Days		c. CITY OR TOWN Fulton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co. Hospital				e. STREET ADDRESS (If rural, give location) 410 E 5th St.				
3. NAME OF DECEASED (Type or Print) a. (First) Carrie			b. (Middle) Schultze		c. (Last) Erdman		4. DATE OF DEATH: (Month) (Day) (Year) Dec. 6 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 8. 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month 11 Day 28	IF UNDER 2 HRS. 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 Home		11. BIRTHPLACE (City and State or Foreign Country) Concordia, Missouri		12. CITIZEN OF WHAT COUNTRY? US A		
13a. FATHER'S NAME J. A. Schultze			13b. MOTHER'S MAIDEN NAME Caroline		14. NAME OF HUSBAND OR WIFE E. W. Erdman			
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'S SIGNATURE OR NAME ADDRESS E. W. Erdman 410 E 5th St. Fulton				
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Bladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 181X					INTERVAL BETWEEN ONSET AND DEATH 5 days 2 1/2 yrs	
19a. DATE OF OPERATION 12-7-53		19b. MAJOR FINDINGS OF OPERATION as above (Cystoscopy)					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 				
22. I hereby certify that I attended the deceased from 1940 to Death 19 53 , that I last saw the deceased alive on 12-6-1953 , and that death occurred at 12:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John J. Brown M.D.				23b. ADDRESS Fulton Mo		23c. DATE SIGNED 12-7-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 8. 1953		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.		24d. LOCATION (City, town, or county) (State) Fulton Mo		
DATE REC'D BY LOCAL REG. Dec. 7-1953		REGISTRAR'S SIGNATURE Maretha Lawrence		426- Wallace		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home, Fulton Mo		

MA: 1954

MAAN 27 1952

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 *William E. Treib*

Licensed Embalmer No. *4879*

P. O. Address *Fulton*

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.