

No. 30
10. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30172**

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5350** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY Dallas Co.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urban	c. LENGTH OF STAY (in this place) 3 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urban	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lizzie	b. (Middle) N	c. (Last) ERICKSON	Sept-16-54		

5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Oct-10-1890	9. AGE (In years last birthday) 63 11 6	IF UNDER 1 YEAR 6	IF UNDER 2 Wks. 0	IF UNDER 3 Wks. 0	IF UNDER 4 Wks. 0	IF UNDER 5 Wks. 0
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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 (State or foreign country) Hickory Co, MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Johnson Little	13b. MOTHER'S MAIDEN NAME One Tucker	14. NAME OF HUSBAND OR WIFE E. L. Erickson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME E. L. Erickson	ADDRESS Urban
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus Pulmonary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent Repair Inguinal Hernia 8/24 DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: No thrombophlebitis found			

19a. DATE OF OPERATION 8/24/54	19b. MAJOR FINDINGS OF OPERATION Recent inguinal + femoral hernia 5600	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8-24**, 19**54**, to **8-31**, 19**54**; that I last saw the deceased alive on **8-31**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Glynn M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 9/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-19-54	24c. NAME OF CEMETERY OR CREMATORY Little Wengue Cem.	24d. LOCATION (City, town, or county) (State) Hickory Co MO
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DATE REC'D BY LOCAL REG. 9-28-54	REGISTRAR'S SIGNATURE Grace Peters	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan	ADDRESS Urban
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OCT 5 1964

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.

Signed Allen W. Saugham

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Verona 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.