

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15338**

FILED MAY 24 1955

BIRTH NO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY McLain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville, Mo		c. LENGTH OF STAY (In this place) 24hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomington			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1002 So East St.			
3. NAME OF DECEASED (Type or Print) Ema		a. (First)		b. (Middle) Loise		c. (Last) Erdman	
4. DATE OF DEATH (Month) (Day) (Year) 5 21 55		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 10/31/1886		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bloomington Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferdnan Thourman		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Otto Erdman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 328,09,8280		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Erdman Graniteville Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 Year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Neucall Coroner				23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 5/21/55	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 5/21/55		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) Bloomington Ill.	
DATE REC'D BY LOCAL REG. 5-21-55		REGISTRAR'S SIGNATURE Miss Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE Beck Funeral Home Bloomington		ADDRESS Ill	

(Licensed Embalmer's Statement on Reverse Side)

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

1951

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 A. Howell

Licensed Embalmer No. 3670

P. O. Address Newton, Mass.

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.