

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15471

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mexico</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Months</u>		c. CITY OR TOWN <u>Benton City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.#1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTIAN</u>			b. (Middle) <u>WILSON</u>		c. (Last) <u>ERISMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 5, 1872</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew D. Erisman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Brentlinger</u>			14. NAME OF HUSBAND OR WIFE	
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>C.W. Caldwell, Mexico, Mo.</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>Carcinoma of Liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c) <u>Pleural effusion - Secondary to</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>free granular pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Weeks</u> <u>Samuel Jones</u> <u>McKenzie</u>	
19a. DATE OF OPERATION <u>Feb 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>operation at Lamin Museum 9/22/56</u> <u>Removal of bladder tumor and operation of colon resect.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21f. HOW DID INJURY OCCUR? <u>X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3-17</u> , <u>1956</u> , to <u>5-31</u> , <u>1956</u> , that I last saw the deceased alive on <u>5-31</u> , <u>1956</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Harry F. O'Brien M.D.</u>			23b. ADDRESS <u>North Missouri</u>			23c. DATE SIGNED <u>6-1-56</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>6-1-56</u>	24b. DATE <u>June 2, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unity</u>		24d. LOCATION (City, town, or county) (State) <u>Benton City Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Precht Hueston</u> <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 1-1956</u>		REGISTRAR'S SIGNATURE <u>Blanchette Neely</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Precht Hueston</u>		ADDRESS <u>Mexico, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9561 87 11774

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph S. Hueston*  
Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.