

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35789

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4578

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>900 Huntington Rd.</i>		Length of stay in lb <i>77 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>900 Huntington Road</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Philip</i> Middle <i>ERHARDT</i> Last <i>ERHARDT</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>-1-</i> Year <i>1957</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 19, 1866</i>	9. AGE (In years last birthday) <i>91</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>1</i>	IF UNDER 24 HRS. Hours <i>1</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired City Attorney</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Rosedale, Kansas</i>	11. BIRTHPLACE (City and state or country) <i>Strasbourg, Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>UNKNOWN Erhardt</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>Anna L. Erhardt</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>No. 45</i>	17. INFORMANT <i>Mrs. Earl Schlatter</i>	Address <i>900 Huntington Road K. C., Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Che. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>42-1</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <i>Generalized arteriosclerosis</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i>1:53</i> Month, Day, Year <i>1957</i> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>8/9/57</i> to <i>10/1/57</i> and last saw him alive on <i>8/9/57</i> Death occurred at <i>1:53 P. m</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>J. W. Young</i>	22b. ADDRESS <i>1401 S. W. Blvd. K.C. Mo.</i>	22c. DATE SIGNED <i>10/1/57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>OCT-3-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. MORIAN CEMETERY</i>	23d. LOCATION (City, town, or county). (State) <i>KANSAS CITY MISSOURI</i>
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24. FUNERAL DIRECTOR <i>D. W. Newcomer's Sons</i>	ADDRESS <i>1331 BRUSH CREEK K. C., Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-3-57</i>	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. W. Young

All diseases in Part I must be causally related.
Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.



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 *Vern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *47 E 32 1/2 St*

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.