

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35900**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5057 Registrar's No. 3

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Barry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Barry</b> |                                      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Rural, Kings Prairie</b> |  | c. LENGTH OF STAY (In this place)<br><b>45 Yrs.</b>  | c. CITY OR TOWN <b>Rural, Monett</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Monett Six Miles S.E.</b>  |  | e. STREET ADDRESS (If rural, give location)<br><b>Six Miles S.E., Monett, Mo.</b>  |                                      |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>SHERMAN</b> b. (Middle) <b>HARRISON</b> c. (Last) <b>ERICKSON</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 21, 1955</b> |  |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  |
| 8. DATE OF BIRTH<br><b>Jan. 3, 1885</b>  |  | 9. AGE (In years last birthday)<br><b>70</b> |   | 10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)<br><b>10 18</b>          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Minister</b> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                             |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Arkansas</b>  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                 |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Augusta Erickson</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Bernadine (unknown)</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Oma Erickson</b>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.                                 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Oma Erickson Monett, Mo.</b> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Amphotrophic Retinal Sclerosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><b>3561</b>                |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  | 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 2-10, 1953, to 11-21-55, 1955, that I last saw the deceased alive on 11-21-55, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

|  |  |                                   |  |                                     |  |
|--|--|-----------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>Robert Perry MD</b> |  | 23b. ADDRESS<br><b>Monett Mo.</b> |  | 23c. DATE SIGNED<br><b>11-25-55</b> |  |
|--|--|-----------------------------------|--|-------------------------------------|--|

|  |  |                              |  |   |  |   |  |
|--|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>11/25/55</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Bethel</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Barry County, Mo.</b> |  |
|--|--|------------------------------|--|---|--|---|--|

|   |  |   |  |    |  |   |  |
|---|--|---|--|----|--|---|--|
| DATE REC'D BY LOCAL REG.<br><b>11-23-55</b> |  | REGISTRAR'S SIGNATURE<br><b>Mrs P.N. Cook</b> |  | 53 |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>J.P. Buchanan Monett Mo.</b> |  |
|---|--|---|--|----|--|---|--|

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1155-362

DATE REC. 11-28-55

DEC 12 1955

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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 *J. D. Buchanan*

Licensed Embalmer No. 317

P. O. Address Monett

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.