

CERTIFICATE OF DEATH

MAR 7 1973

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 25

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

FILED

7b-c 2660
7d 30427
8. 29
14a. 29
14b. 009
14c-d 28701
14e. 070
23 2021487
26a. 1
18-U 4319
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Albion Burton ERICKSON		Male	February 24, 1973
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		81	Jan. 11, 1892
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Marionville		7c. Yes	7d. Ozark Methodist Manor
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. Missouri		9. USA	10. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 491-42-8982		13b. Methodist Minister	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP STREET AND NUMBER
14a. Mo. 14b. Barry		14c. Monett - 65708	14d. Yes 14e. Monett 14f. 514 9th Street
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Augustus Erickson		16. Vernadena Johnson	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mrs. Albion Erickson		17b. 514 9th St., Monett, Mo. 65708	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Hemorrhage, cerebral, secondary		1 day	
(b) Arteriosclerosis, Cerebral		5 years	
(c) Arteriosclerosis, Generalized		10 years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.		20b.	20c.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.		20f.	20g.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	AND LAST SAW HIM ALIVE ON MONTH DAY YEAR
21a. Sept 1 1971		21b. Feb. 24, 1973	21c. Feb. 23, 1973
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.		22b.	22c.
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.	SIGNATURE
23a. KENNETH L. KELSEY		23b. 21487	23c. Kenneth L. Kelsey
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE ZIP
23d. 511 West 5th St		23e. Monett Missouri 65708	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
24a. Burial		24b. Bethel Cemetery	24c. S. of Monett, Missouri
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. 2/27/73		24e. Buchanan Funeral Home, 301 Euclid, Monett, Mo. 65708	
FUNERAL DIRECTOR—SIGNATURE		REG. NO.	REGISTRAR—SIGNATURE
25a. Norman Holmes		25b. 2296	25c. Leonard Busby by L. Fly
		DATE RECEIVED BY LOCAL REGISTRAR	
		26a. March 3, 1973	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAR 9 1973

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 Douglas E. Habron

Licensed Embalmer No. 5157

P. O. Address Fronets, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.