

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3705

State File No. _____

BIRTH NO. 4 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4022 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS</u>		0040 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROWN Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>ERB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1951</u>		
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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>July 31, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>13</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>ST. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JACOB ERB</u>	13b. MOTHER'S MAIDEN NAME <u>KATHRYN BUTTS</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mella P. Brown</u> ADDRESS <u>LADDONIA, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		<u>3 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Bronchiectasis</u> DUE TO (c) _____		<u>14 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>491X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 29, 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 3 4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. B. Baize</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Laddonia Mo.</u>	23c. DATE SIGNED <u>2-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>FEB. 13, 51</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Wellsdale</u>	24d. LOCATION (City, town, or county) (State) <u>(LADDONIA) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-13-51</u>	REGISTRAR'S SIGNATURE <u>Martha Kerner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PRAECHT FUNERAL HOME</u> ADDRESS <u>MEXICO, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #
District File Number 2-57
Date Filed: FEB 19 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Ralph L. Hueston Jr.

Licensed Embalmer No. 4687

P. O. Address *Mauro, 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 this body is not embalmed, fact should be so stated above.