

10.300
10.48

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40014

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	c. LENGTH OF STAY in this place <u>2 da</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		STREET ADDRESS (If rural, give location) <u>3 Mi S E Westboro, Mo⁰ 830</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ruth</u>	b. (Middle)	c. (Last) <u>Erickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-7th-1954</u>
-------------------------------------	------------------------	-------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan-3-1895</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	-------------------------------	--	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Woyming</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Wilbur Peebles</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>J H Erickson</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Erickson</u>	ADDRESS <u>Westboro, 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, 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>PASSIVE CONGESTION HEART</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HT. DI'S</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) <u>4200</u>
--	--	--

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 Aug, 1952, to 11/7, 1954, that I last saw the deceased alive on 12/7, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Coffey M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fairfax, Mo</u>	23c. DATE SIGNED <u>12/13/54</u>
---	-------------------	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Fremont Co Iowa</u>
---	--------------------------------	--	---

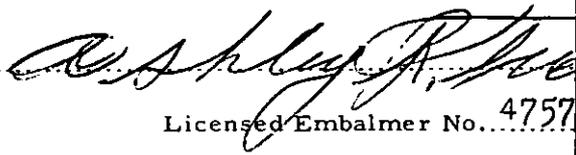
DATE REC'D BY LOCAL REG. <u>Dec 17, 1954</u>	REGISTRAR'S SIGNATURE <u>Tharvin H. Schoales</u>	443-C	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest T. ...</u>	ADDRESS <u>Westboro, Mo</u>
---	---	-------	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 A R Tucker II....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4757

P. O. Address Westboro,

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.