

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37272**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PURCELL - MINERAL		c. CITY OR TOWN PURCELL	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 YRS		e. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION PURCELL, MO			

3. NAME OF DECEASED (Type or Print)	a. (First) ARABELLE	b. (Middle) ARNOLD	c. (Last) ERSKIN	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 17 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 24, 1863	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 24	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) AVA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JIM NOBLES	13b. MOTHER'S MAIDEN NAME ELLEN ROLLEY	14. NAME OF HUSBAND OR WIFE B.F. ERSKIN (DECEASED)
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME BERTHA CORP	ADDRESS PURCELL, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		12 hrs
	ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage (Apoplexy) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		1 wk.

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)	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 **1/2**, 19**55**, to **11/17**, 19**55**, that I last saw the deceased alive on **11/17/55**, and that death occurred at **8 AM** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm D. Orr</i>	(Degree or title) D.O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 11/18/55
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24a. BURIAL, CREMATION, BURNIAL (Specify)	24b. DATE 11/20/1955	24c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY	24d. LOCATION (City, town, or county) (State) PURCELL MO
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DATE REC'D BY LOCAL REG. 11-20-55	REGISTRAR'S SIGNATURE <i>Mrs. Madeline Surtz</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>HEDGE-LEWIS FUNERAL HOME</i>	ADDRESS WEBB CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 26 1955
DEPT. OF HEALTH OFFICE
County File Number 55-11-813
Date Filed NOV 26 1955

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 *Richard Gray Lewis*.....

Licensed Embalmer No. 1442

P. O. Address *W. H. C.*.....

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.