

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41502

State File No. \_\_\_\_\_

Registrar's No. 33

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>5885</u>		State File No. _____		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>OSARK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>OSARK</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Royal Barry Fork Township</u>			c. LENGTH OF STAY (in this place) <u>TYNERS</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				e. STREET ADDRESS (If rural, give location) <u>Royal Barry Fork Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) _____		c. (Last) <u>Erb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-15-1858</u>		9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa City Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Erb</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Moyer</u>			14. NAME OF HUSBAND OR WIFE <u>Lois Palmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. A. Erb</u>			ADDRESS <u>Prinesville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept 53, 10/2-11, 1955</u> , that I last saw the deceased alive on <u>Dec. 5, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. S. Hoerman D.O.</u>				23b. ADDRESS <u>Prinesville Mo</u>			23c. DATE SIGNED <u>12-13-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SIMS</u>		24d. LOCATION (City, town, or county) (State) <u>OSARK Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>12-17-55</u>		REGISTRAR'S SIGNATURE <u>Thana Mahan</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Kinghead</u>		ADDRESS <u>Prinesville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John K. Elery*.....

Licensed Embalmer No. *488*.....

P. O. Address *Cambridge*.....

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.