

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000503

FILED VS JAN 24 1961

Registration District No. 47 Primary Registration District No. 5172 Registrar's No. 19

STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | | | |
|--|---|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shamrock twp. Montgomery City</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Shamrock twp. Montgomery City</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR #1</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>RR #1</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>ELBERT</u> Middle <u>ELLSWORTH</u> Last <u>ERWIN</u> | | | 4. DATE OF DEATH Month <u>Jan</u> Day <u>16</u> Year <u>1961</u> | | |
| 15. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Marriage <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 11, 1880</u> | 9. AGE (last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u> | 11. BIRTHPLACE (City and state or country) <u>Callaway Co., Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John E. Erwin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Oxley</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Lou I Erwin</u> | | |
| 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>unk</u> | 17. INFORMANT <u>Mrs. Lou I Erwin, Montgomery Cit</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma prostatica,</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1-16-61</u> to <u>1-16-61</u> and last saw her <u>her</u> alive on <u>1-16-61</u> . Death occurred at <u>1-16-61 7-15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Willis H. Wells M.D.</u> | | 22b. ADDRESS <u>Wellsville Mo</u> | | 22c. DATE SIGNED <u>1-17-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan 18, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo</u> | | DATE RECD. BY LOCAL REG. <u>Jan-17-1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> | |

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 Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.