

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012422  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 300 Registrar's No. 110

AMENDED

FILED MAY 2 1961  
PLACE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>	Length of stay in 1b <b>3 yrs</b>	c. CITY OR TOWN <b>Kirksville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <del>DECEASED</del> <b>Stickler</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 5</b>	Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>AUDREY B. ERWIN</b>	4. DATE OF DEATH Month Day Year <b>April 22 1961</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/12/93</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Willmathsville, Adair, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U S</b>
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13a. FATHER'S NAME <b>Swan Burnett</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Erwin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Roy Erwin, Kirksville, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myasthenia Gravis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 mos</b>
DUE TO (b) <b>Pneumonia - Hypostatic</b>		
DUE TO (c) _____		<b>3 days</b>

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from <b>Mar. 22-61</b> to <b>Apr. 22-61</b> and last saw her alive on <b>Apr. 22-61</b> Death occurred at <b>7:14 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>D. Stickler MD</b>	22b. ADDRESS <b>Kirksville Mo</b>	22c. DATE SIGNED <b>4-23-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/24/61</b>	23c. NAME OF CEMETERY OR CREMATORIUM <b>Willmathsville</b>	23d. LOCATION (City, town, or county) (State) <b>Willmathsville, Adair, Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Foster Memorial Home, Kirksville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-24-61</b>	26. REGISTRAR'S SIGNATURE <b>Dore W. Rathoff</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION **Stickler**

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 3 1961

R. O. STICKLER, MD

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 \_\_\_\_\_

*Nov 1961*  
**NOVA E. FOSTER**

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.

of Kirkville, Mo. 63501