

STANDARD CERTIFICATE OF DEATH

FILED MAY 7- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rual, Saltriver</u> township) c. LENGTH OF STAY (In this place) <u>Mins.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mile W. Of Mexico Hghw. 22</u>		d. STREET ADDRESS (If rural, give location) <u>1300 N. Morley St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>ERAVE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1931</u>	9. AGE (In years last birthday) <u>20</u> Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoefactory</u>	11. BIRTHPLACE (State or foreign country) <u>Moberly, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph F. Erave</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Schofield</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Erave</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-32-383</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Erave, Moberly, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury with injury. Unavoidable. Caused by being struck by a White Feather Truck on Highway #22 1/2 mile West of Mexico Mo</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) <u>being struck by a White Feather Truck</u>  DUE TO (c) <u>on Highway #22 1/2 mile West of Mexico Mo</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Death was caused by fracture base of skull</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>NO</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #22</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Salt Linn Audrain Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1st 1952 3 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by a Truck</u>
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22 I hereby certify that I attended the deceased from Crownso Cove, 1952, that I last saw the deceased alive on 1st May, 1952, and that death occurred at 3 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. C. Adams, M.D., Coroner</u>	23b. ADDRESS <u>Medico, Mo</u>	23c. DATE SIGNED <u>5-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4 May 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 1-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>	ADDRESS <u>Moberly, Mo</u>
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MAY 7 1957

**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 .....  
Student Embalmer

Signed Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.