Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029969
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Comm. Mem. Hosp. — Length of stay in 1b: 2 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Huntsville, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rte 1 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLARENCE Middle: LOWRY Last: ERB

4. DATE OF DEATH Month: AUG. Day: 30 Year: 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 22, 1885 **9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner
11. BIRTHPLACE (City and state or country): Livingston County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Henry Erb
14. MOTHER'S MAIDEN NAME: Lottie Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-12-5910
17. INFORMANT: Mrs. C. L. Erb Address: Huntsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 19 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced Arteriolar ~~Neph~~ Nephrosclerosis — ?
DUE TO (c): Advanced Arteriosclerosis — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ~~BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I~~ (a): fractured ribs right side. Fractured left clavicle 446XF
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Patient was working on top of Barn at his home and accidently fell from Roof to ground (approx 15 feet)
20c. TIME OF INJURY Hour a. m. ~~p. m.~~ 9:30 Month, Day, Year 8-11-1958
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Farm Home.
20f. CITY, TOWN, OR LOCATION: Huntsville COUNTY: Randolph STATE: Mo.

21. I attended the deceased from Aug 11, 1958, to Aug 30, 1958 and last saw ~~her~~ him alive on Aug 30, 1958
Death occurred at 11:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. C. Epley (Degree or title) D.O. 2
22b. ADDRESS: Huntsville, Mo.
22c. DATE SIGNED: 9-2-58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 2, 1958
23c. NAME OF CEMETERY OR CREMATORY: Oakland
23d. LOCATION (City, town, or county) (State): Moberly Mo.

24. FUNERAL DIRECTOR: Mahan Funeral Service **ADDRESS:** Moberly
25. DATE RECD. BY LOCAL REG.: 9-2-58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3.8.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.