

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39-000074
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 18

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wellsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in lb 1 day		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) ANNIE ELIZABETH ERB				4. DATE OF DEATH Month January Day 17 Year 1959							
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11/17/1879		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdays) 79	Months 2 Days 0 Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and state or country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Hibbert			13b. MOTHER'S MAIDEN NAME Mary Ware			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) non		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Harrison Erb, Wellsville, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation						INTERVAL BETWEEN ONSET AND DEATH 6 hr.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial ischemia						2 MO.					
DUE TO (c) Arteriosclerotic Cardiorenal dis						20 yr.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X						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 Month, Day, Year a.m. p.m. 											
20d. INJURY OCCURRED WHILE AT <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 10/26/58 to 1/17/59 and last saw her alive on 1/16/59 Death occurred at 9 m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>William H. Goebig</i>				(Degree or title)		22b. ADDRESS 1120 Clark Street		22c. DATE SIGNED 1/20/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/20, 1959		23c. NAME OF CEMETERY OR CREMATORY Wellsville City		23d. LOCATION (City, town, or county) Wellsville, Missouri		(State)			
24. FUNERAL DIRECTOR <i>B. Belk</i>			ADDRESS Wellsville, Mo.		25. DATE RECD. BY LOCAL REG. Jan 20, 1959		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>				

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
William H. Goebig M.D. PINK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. Myles*

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.