URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-038743
STATE FILE NUMBER

Registration District No. 9 7 9 Primary Registration District No. 4553 Registrar's No. 25

ENDED

1. PLACE OF DEATH
a. COUNTY: WRight
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MANSfield
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MANSfield Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Mo. b. COUNTY: WRight
c. CITY OR TOWN: MANSfield
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: SAMuel Middle: Cleveland Last: ERWIN
4. DATE OF DEATH: Month: Oct. Day: 1 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MAR. 20 1876
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRAKEMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAilRoad
11. BIRTHPLACE (City and state or country): MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Erwin
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Etta
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.: 500-05-7170
17. INFORMANT: Ruth Stout Address: MANSfield 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): Circulatory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Decompensation
DUE TO (c): Unknown
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Hemorrhage
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9-19-59, to 10-1-59 and last saw her/him alive on 10-1-59
Death occurred at 12 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest Barrett D.O.
22b. ADDRESS: Mansfield, Mo.
22c. DATE SIGNED: 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Oct. 4, 1959
23c. NAME OF CEMETERY OR CREMATORY: MANSfield
23d. LOCATION (City, town, or county) (State): MANSfield Mo.
24. FUNERAL DIRECTOR: Max L. Miller ADDRESS: Mansfield Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 5-59
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Max E Miller

Signature of Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Mansfield

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