

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29746

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4157</u>		Registrar's No. <u>82</u>		
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dadeville</u>			c. LENGTH OF STAY (If this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dadeville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dadeville</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u>			b. (Middle) <u>Blanche</u>		c. (Last) <u>Erwin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 9 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 16 1874</u>		
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wayman Hembree</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Dixie Brown</u>			14. NAME OF HUSBAND OR WIFE <u>James F. Erwin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James F. Erwin, Dadeville, Mo.</u>				
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 <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Infarction</u>				DUE TO (b) _____				
ANTECEDENT CAUSES				DUE TO (c) _____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Weak Heart</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 7</u> , 19 <u>49</u> , to <u>Sept 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>49</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>B. B. Kirby M.D.</u> (Degree or title)			23b. ADDRESS <u>Dadeville Mo</u>			23c. DATE SIGNED <u>Sept 10, 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>September 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 13-49</u>		REGISTRAR'S SIGNATURE <u>E. H. N. N. 79</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. N. N. 79</u> <u>W. H. N. N. 79</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 19 1949

District Health Office No. 6.

District File Number 10 49 - 1054

Date Filed 10 - 8 - 49

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 James R. Phillips
Licensed Embalmer No. 9641

P. O. Address Walnut Grove, N.C.

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.