

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40089**

FILED JAN 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5026** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Clark</b>	c. LENGTH OF STAY (In this place) <b>7 1/2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Clark</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 1/2 Mi. NW of Fairfield Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>5 1/2 Mi. NW of Fairfield, Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ADGER</b>	b. (Middle) <b>CALVIN</b>	c. (Last) <b>ERWIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Aug 25, 1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Greenbrier Co., W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Robert J. Erwin</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Mary Burdette</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Erwin</b>	ADDRESS <b>Fairfield Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 Min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.		<b>1348</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **12/23/49**, to **12/27/49**, that I last saw the deceased alive on **12/23/49**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) <b>D. C. Reister, M.D.</b>	23b. ADDRESS <b>Rockport, Mo.</b>	23c. DATE SIGNED <b>12/27/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>English Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fairfield Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 29/49</b>	REGISTRAR'S SIGNATURE <b>Betty Colette</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marvin H. Charles</b>	ADDRESS <b>Fairfield Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

0.300  
0.48

3  
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**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

*Marvin N. Schoeler*

Licensed Embalmer No. *4162*

P. O. Address *Lafayette, Miss.*

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.