

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 3-1952

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| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | |
| b. CITY OR TOWN <u>Cuba</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>at home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u> | | d. STREET ADDRESS <u>at home</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>THOMAS HENDRICKS ERWIN</u> | a. (First) <u>THOMAS</u> | b. (Middle) <u>HENDRICKS</u> | c. (Last) <u>ERWIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1952</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>Jan 26 1877</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.V. Emp.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac.</u> | 11. BIRTHPLACE (State or foreign country) <u>Richland INDIANA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Ephriam Erwin</u> | 13b. MOTHER'S MAIDEN NAME <u>UNAVAILABLE</u> | 14. NAME OF HUSBAND OR WIFE <u>CORA A. ERWIN</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>702-14-6682</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CORA A. ERWIN</u> | ADDRESS <u>Cuba Mo.</u> |
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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, athermia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan 5</u> <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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 JAN 10, 1952 to JAN 10, 1952, that I last saw the deceased alive on JAN 10, 1952, and that death occurred at 10:21 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Joseph T. DeRo</u> | 23b. ADDRESS <u>Cuba, Mo.</u> | 23c. DATE SIGNED <u>1-11-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-17-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-11-52</u> | REGISTRAR'S SIGNATURE <u>Paul A. Shankle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shankle</u> | ADDRESS <u>Cuba Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 1 1968

EM C 11449

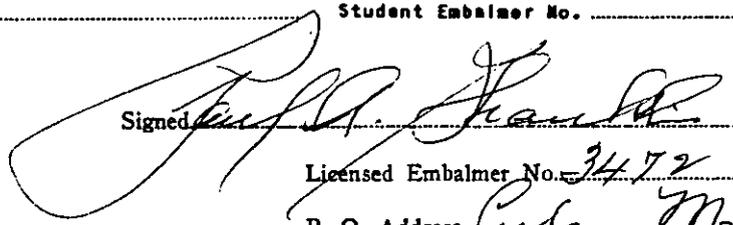
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 3472

P. O. Address Cuba, Me.

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.