

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17316**

FILED JUN 9 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **304** Registrar's No. **56**

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY OR TOWN <b>Carrollton</b>		c. CITY OR TOWN <b>Carrollton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>106 North Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>106 North Main Street.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvey</b> b. (Middle) _____ c. (Last) <b>Erwin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 26 - 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Apr. 11 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR: Months <b>1</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Thomas J. Erwin</b>			13b. MOTHER'S MAIDEN NAME <b>Missouri Wilcox</b>		14. NAME OF HUSBAND OR WIFE <b>Mary McReynolds Erwin</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.C. Erwin (Kansas City Mo.)</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Carroll Carroll Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Dickerson</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>Carrollton, Mo.</b>		23c. DATE SIGNED <b>5/26/53</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Reburial</b>		24b. DATE <b>5/28/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Truster Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>W Carrollton, Carroll</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall F. Home (Carrollton Mo.)</b>			
DATE REC'D BY LOCAL REG. <b>6/27/53</b>		REGISTRAR'S SIGNATURE <b>Mr. Herbert Calm</b>			

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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 R. M. Marshall

Licensed Embalmer No. 25-25

P. O. Address Carrollton 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 this body is not embalmed, fact should be so stated above.