

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4549

V. S. No. 300  
REV. 10-48

FILED OCT 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 28 yrs

c. CITY OR TOWN Kansas City  
d. Is residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2406 1/2 Norton Ave.

e. STREET ADDRESS (If rural, give location) 2406 1/2 Norton Ave. 3368 D

3. NAME OF DECEASED  
a. (First) Lucy  
b. (Middle) P.  
c. (Last) Erwin

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 18, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single D

8. DATE OF BIRTH Sept. 29, 1881

9. AGE (In years last birthday) 71

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) Pressor

10b. KIND OF BUSINESS OR INDUSTRY Tie Factory

11. BIRTHPLACE (City and State or Foreign Country) Floyds Knobs, Ind. /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George K. Erwin

13b. MOTHER'S MAIDEN NAME Lucinda Bulter

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 493-22-1601

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Erwin 1820 S. 15 K.C., Kan

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage.  
ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1948-53  
  
331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to Sept 18, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Perry, MD (Degree or title)

23b. ADDRESS 4800 East 24

23c. DATE SIGNED 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 9/21/53

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-19-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4622

P. O. Address W.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.