

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7769**

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **6148** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idalia		c. CITY OR TOWN Idalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 67 years		e. STREET ADDRESS (If rural, give location) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) NMI c. (Last) Erwin			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH March 1, 1875		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Davis Co., Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Erwin		13b. MOTHER'S MAIDEN NAME Malissa Welch		14. NAME OF HUSBAND OR WIFE deceased	
---------------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME Hanford Erwin ADDRESS Idalia, Mo.	
---	--	---	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A.S.H.D					
		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 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)	
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 **Feb 19 56 to Feb 16 1956** that I last saw the deceased alive on **Feb 16, 1956** and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hanford Erwin M.D. (Degree or title)		23b. ADDRESS Bloomfield Mo		23c. DATE SIGNED 2-20-56	
--	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-18-56		24c. NAME OF CEMETERY OR CREMATORY Hagy cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 2-21-56		REGISTRAR'S SIGNATURE Leis C. Mosney		25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons ADDRESS Dexter, Mo.	
---	--	---	--	---	--

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

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 *Marsh Watkins*.....

Licensed Embalmer No. *4717*

P. O. Address *Dexter 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.