

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043157
STATE FILE NUMBER 97

FILED DEC 30 1958

Registration District No. 4 Primary Registration District No. Registrar's No. 402

300
1-57

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock Port. 0036 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fairfax Com. Hosp. 19 da.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Polk Twap. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Franklin Lee Erwin			4. DATE OF DEATH Month Day Year 12 19 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1880
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Fairfax, Mo.,
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Robert Erwin	13b. MOTHER'S MAIDEN NAME Anna Burdette
14. NAME OF HUSBAND OR WIFE Essie Erwin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. 498-42-4530
17. INFORMANT Winston Erwin, Fairfax, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia, nephrosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X	
19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 yrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1952 , to 12-19-58 and last saw ^{him} alive on 12-19-58 Death occurred at 9:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wallace Carpenter m.d.		22b. ADDRESS Rock Port mo	
22c. DATE SIGNED 12-23-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-1958	23c. NAME OF CEMETERY OR CREMATORY English Grove Cem.	23d. LOCATION (City, town, or county) (State) Fairfax Mo.
24. FUNERAL DIRECTOR Bartholomew		ADDRESS Mortuary, Rock Port	25. DATE RECD. BY LOCAL REG. Dec 24, 1958
		26. REGISTRAR'S SIGNATURE Merwin H. Wheeler	

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

VS JAN 13 1960

MR. OCT 7 1958

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 *Gutz Bartholomew*

Licensed Embalmer No. 3173.....
Rock Port. Mo.,
P. O. Address

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.