

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043461
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 3

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 134 A S. Pacific St. 51 yrs. Length of stay in lb 51 yrs.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cape Girardeau
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 134 A S. Pacific St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
MARGARET L. ERWIN
4. DATE OF DEATH Month Day Year
December 28, 1958

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH October 10, 1907 **9. AGE** (In years last birthday) 51 IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Own Home **11. BIRTHPLACE** (City and state or country) Cape Girardeau, Missouri **12. CITIZEN OF WHAT COUNTRY?** U. S.

13a. FATHER'S NAME Henry Scherf **13b. MOTHER'S MAIDEN NAME** Mary Vandoren **14. NAME OF HUSBAND OR WIFE** Turney Erwin

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.** 490-05-4327 **17. INFORMANT** Turney Erwin Address Cape Girardeau, 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) SHOT GUN (SELF INFLICTED)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) TO ROOF OF MOUTH (HARD PABATE)
 DUE TO (c) 976 X
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **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 WORK **NOT WHILE AT WORK** **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** Cape Girardeau COUNTY Missouri STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Scherf, M.D. **22b. ADDRESS** Cape Girardeau, Mo. **22c. DATE SIGNED** 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Dec. 31, 1958 **23c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cem. **23d. LOCATION** (City, town, or county) (State) Cape Girardeau, Missouri

24. FUNERAL DIRECTOR Halters Funeral Home ADDRESS Cape Gir. **25. DATE RECD. BY LOCAL REG.** Jan. 5, 1959 **26. REGISTRAR'S SIGNATURE** Mrs. Homer Cooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

53
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JAN 12 1959

APR 6 1959

VS FEB 26 1960

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 *Virgil W. Welch*

Licensed Embalmer No. *4112*

P. O. Address *Cape Girardeau*

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.