MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007768
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 137

FILED APR 4 1961

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in Ib 6 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lucy Lee Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 728 Dewey — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Betty Middle Jean Last Erwin
4. DATE OF DEATH Month 3 Day 20 Year 61
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-21-30
9. AGE (last birthday) 31 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (City and state or country) Kimswick, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Kermit Long
13b. MOTHER'S MAIDEN NAME Marie Ackfeld
14. NAME OF HUSBAND OR WIFE Andrew Erwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Andrew Erwin, Poplar Bluff, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound through right temple
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Self inflicted gunshot wound
20c. TIME OF INJURY Hour 4 ~~a.m.~~ p.m. Month, Day, Year 3-20-61
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.) In home
20f. CITY, TOWN, OR LOCATION Poplar Bluff COUNTY Butler STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Grover Wyrick (Degree or title)
22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED 3-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-21-61
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery
23d. LOCATION (City, town, or county) (State) Perryville, Mo.

24. FUNERAL DIRECTOR Greer Croy & Fitch Funeral Service — ADDRESS
25. DATE RECD. BY LOCAL REG. 3/24/61
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 9 1961

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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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.