

FILED

CERTIFICATE OF DEATH

NOV - 2 1973 343

Registration District No. 343

Primary Registration District No. 4364

Registrar's No. 73

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 11/72

7b-c 4110  
7d 10/29  
8. 29  
14a. 29  
14b. 009  
14c-d 13751  
14e. 030  
23/008570  
26a. /  
18-U 4109  
18-S.1.  
18-S.2.  
20a-f.  
20g-St.  
20g-Co.  
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. David Vernon Erwin					2. male	3. Oct. 7, 1973	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS))	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		5a. 90	5b. MOS. 5c. DAYS	5d. HOURS 5e. MIN.	6. Aug 18, 1883		7a. Newton
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Stella				7d. Carwell Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. married		Helen Bourhaski	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 497-24-7493-A		13a. farming		13b. farm			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. Missouri		14b. Barry	14c. Exeter		14d. yes	14e. Exeter	14f.
FATHER—NAME				MOTHER—MAIDEN NAME			
15. William Erwin				16. Leatha Bradley			
INFORMANT—NAME				MAILING ADDRESS			
17a. Mrs. Helen Erwin				17b. Exeter, Mo. 65647			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) Medullary Paralysis							
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
(b) Cerebral Anoxia							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Acute Myocardial Infarction							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Atherosclerosis						19a. No	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c. M.		20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLDG., ETC. (SPECIFY))		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LMK	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		MONTH DAY YEAR	
I ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. Oct. 5, 1973		21b. Oct. 7, 1973		21c. Oct. 7, 1973		21d. not	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				THE DECEASED WAS PRONOUNCED DEAD			
22a.				22b. M.			
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.		SIGNATURE		DEGREE OR TITLE	
23a. R.R. Clark, D.O.		23b. 8570		Fred R. Clark D.O.		DATE SIGNED (MONTH, DAY, YEAR)	
MAILING ADDRESS—CERTIFIER				CITY OR TOWN STATE			
23c.				23d. Wheaton, Missouri 64874			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Maplewood Cemetery		24c. Exeter, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Oct. 10, 1973		24e. Culver's P.O. Box 36 Cassville, Mo. 65625					
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Paul D. Herbst		25c. 1716		25b. Mabel Moberly		25d. 10-21-73	

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 5. 1973

**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 Paul D. Herbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo 65625

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.