

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30838
State File No.

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA RURAL</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WARRENSBURG CLINIC</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>ERDWINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 22 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>October 10-1860</u>
9. AGE (In years last birthday) <u>88</u>		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)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER (RETIRED)</u>	11. BIRTHPLACE (State or foreign country) <u>GOLDEN, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>HENRY ERDWINS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph ERDWINS CONCORDIA, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage from lower intestinal tract</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMEIDE (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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>8-17, 1949</u> , to <u>8-22, 1949</u> , that I last saw the deceased alive on <u>8-22, 1949</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. L. Cooper, M.D.</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>	23c. DATE SIGNED <u>8-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 24-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGGINSVILLE Mo</u>	24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE Mo</u>
DATE RECD BY LOCAL REG. <u>Aug 27 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah Britchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. PARKER SWEET SPRINGS</u>

(Used Embalmer's Statement on Reverse Side)

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.

Signed

L. F. Farker

Signed.....
Student Embalmer

Licensed Embalmer No. *3840*

P. O. Address *Sweet Springs, Va.*

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 this body is not embalmed, fact should be so stated above.