

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 0849 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <i>Nodaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Atchison</i>	
b. CITY (If outside corporate limits, write BUREAU and township) OR TOWN <i>Rural Jefferson</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, N. Clark</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 Mi East of Conception Mo</i>		d. STREET ADDRESS (If rural, give location) <i>5 Mi N.W. of Fairfield Mo</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHN</i>	b. (Middle) <i>FRANCIS</i>	c. (Last) <i>ERWIN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 18, 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 10, 1912</i>	9. AGE (Years last birthday) <i>37</i>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Grain farming</i>	11. BIRTHPLACE (State or foreign country) <i>Atchison Co., Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Frank Erwin</i>	13b. MOTHER'S MAIDEN NAME <i>Addie M. Daniel</i>	14. NAME OF HUSBAND OR WIFE <i>Katherine Erwin</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Frank Erwin</i>	ADDRESS <i>Fairfield Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture Skull &amp; Internal injuries</i>		
	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.		<i>E 8166</i> <i>26</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>no operation</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jefferson Twp. Nodaway MO</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 18- 50- 8P m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>automobile collision</i>
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22. I hereby certify that I attended the deceased from *not attended* *June 18, 1950*, that I last saw the deceased alive on *not seen* and that death occurred at *7:50 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. B. Dean M.D.</i> (Degree or title) <i>3 - Coroner</i>	23b. ADDRESS <i>Maryville Mo.</i>	23c. DATE SIGNED <i>6-22-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>June 20, 1950</i>	24c. NAME OF CEMETERY OR CREMATOR <i>English Ave</i>	24d. LOCATION (City, town, or county) (State) <i>Fairfield Missouri</i>
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DATE REC'D BY LOCAL REG. <i>June 23-50</i>	REGISTRAR'S SIGNATURE <i>Mrs. Olga Benschaw</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Price Funeral Home</i>	ADDRESS <i>Maryville, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 26 1950



**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 .....  
Student Embalmer

Signed Robert L. Sauter

Licensed Embalmer No. 4782

P. O. Address Maryville, Mo

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.