

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9827

State File No. ....

FILED APR 9 1953

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1564</u>			
1. PLACE OF DEATH a. COUNTY <p align="center"><b>Jackson</b></p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p>				b. COUNTY <p align="center"><b>Jackson</b></p>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <p align="center"><b>Kansas City</b></p>		c. LENGTH OF STAY (in this place) <p align="center"><b>12 yrs.</b></p>		c. CITY OR TOWN <p align="center"><b>Kansas City</b></p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>1016 Locust</b></p>				e. STREET ADDRESS (If rural, give location) <p align="center"><b>1016 Locust</b></p>				<b>3148</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center"><b>Ernest</b></p>			b. (Middle) <p align="center"><b>H.</b></p>		c. (Last) <p align="center"><b>ERWIN</b></p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center"><b>March 17, 1953</b></p>		
5. SEX <p align="center"><b>Male</b></p>	6. COLOR OR RACE <p align="center"><b>White</b></p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>Married</b></p>	8. DATE OF BIRTH <p align="center"><b>8-25-1901</b></p>		9. AGE (In years last birthday) <p align="center"><b>51</b></p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Sr. Room Clerk</b></p>			10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><b>Aladdin Hotel</b></p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><b>Little Falls, Minnesota</b></p>			12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>	
13a. FATHER'S NAME <p align="center"><b>Orlo Erwin</b></p>			13b. MOTHER'S MAIDEN NAME <p align="center"><b>Lucenda ---</b></p>			14. NAME OF HUSBAND OR WIFE <p align="center"><b>Bertha Erwin</b></p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center"><b>no</b></p>		16. SOCIAL SECURITY NO. <p align="center"><b>328-09-3763</b></p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Mrs. Bertha Erwin, 1016 Locust, KC, Mo.</b></p>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart.</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <p align="center"><b>2 d</b></p> <p align="center"><b>2 d</b></p> <p align="center"><b>4201</b></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (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)		21e. INJURY OCCURRED WHILE AT 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>3-17</u> , 19 <u>53</u> , to <u>3-17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <p align="center"><b>J. A. Nigro</b></p>			23b. ADDRESS <p align="center"><b>215. RD 1222 McGehee</b></p>			23c. DATE SIGNED <p align="center"><b>3-18-53</b></p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>Burial</b></p>		24b. DATE <p align="center"><b>3-19-53</b></p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center"><b>Forest Hill</b></p>		24d. LOCATION (City, town, or county) (State) <p align="center"><b>Kansas City, Missouri</b></p>				
DATE REC'D BY LOCAL REG. <p align="center"><b>3-18-53</b></p>		REGISTRAR'S SIGNATURE <p align="center"><b>Sheraldine Smith</b></p>			25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><b>Melody-McGilley-Eylar, Kansas City, Mo.</b></p>				

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. P. M. Nigro*

---

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 *Melvin Darter*.....

Licensed Embalmer No. *4905*.....

P. O. Address *KE...*.....

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.