

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 1 1955

State File No. **32428**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **4068** Registrar's No. **285**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mokane		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mokane	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) OLIVER	c. (Last) ERWIN	4. DATE OF DEATH (Month) (Day) (Year) OCT 28, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 28, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY STATE NOSP	11. BIRTHPLACE (State or foreign country) Callaway County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John L. ERWIN	13b. MOTHER'S MAIDEN NAME RACHEL SNYDER	14. NAME OF HUSBAND OR WIFE ALCIE ERWIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never known) (If yes, give year or dates of service) Yes SPANISH AM	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Alcie Erwin Mokane Mo	ADDRESS Mokane Mo
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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 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **10/1/55**, 19____, to **10/28/55**, 19____, that I last saw the deceased alive on **Oct 28, 1955**, and that death occurred at **1 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ervin H. Bye M.D.	23b. ADDRESS Mokane, Mo	23c. DATE SIGNED Oct 28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 30/55	24c. NAME OF CEMETERY OR CREMATORY Mokane	24d. LOCATION (City, town, or county) (State) Mokane Mo
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DATE REC'D BY LOCAL REG. Oct 29-1955	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home	ADDRESS Fulton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1956

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

Samuel A. Plummer

Licensed Embalmer No. *3722*

P. O. Address *Fulton Miss.*

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.