

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

747

State File No.

FILED JAN 29 1957

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5329</u>		Registrar's No. <u>1-1957</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba-Rural-Oakhill</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba Rural Oakhill</u>		d. STREET ADDRESS (If rural, give location) <u>5747 Rt Cuba Near Jake's Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>ERWIN</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 14 1876</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Days <u>19</u> Hours <u>23</u> Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Jersey Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		13a. FATHER'S NAME <u>Green Irwan</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Ruth</u>		14. NAME OF DECEASED'S WIFE <u>EMILY JOHNSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emily Erwin</u>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>we the jury found that after viewing the body of Mr. Fred. Erwin had hearing the witness he died from natural causes</u>				II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>The witness he died from natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7954</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry J. Jones</u>		23b. ADDRESS <u>Steckell 700</u>		23c. DATE SIGNED <u>1-19-57</u>		24. BURLIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jerseyville Ill</u>		DATE REC'D BY LOCAL REG. <u>1-20-57</u>	
REGISTRAR'S SIGNATURE <u>Paul A. Franklin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harman C. Jones</u>		ADDRESS <u>Cuba Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

372

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Herman C. Haener

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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.