

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033620

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 103

|  |                            |  |  |
|--|----------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Diamond No. 26</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                            | c. CITY OR TOWN <u>Pierce City Mo.</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile SW Diamond</u> Length of stay in 1b <u>5 weeks</u>   |                            | d. STREET ADDRESS <u>Elm St</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |  |
| 3. NAME OF DECEASED (Type or print) <u>Clara Jane Erwin</u><br>First Middle Last   |                            |  | 4. DATE OF DEATH <u>Sept. 13, 1958</u><br>Month Day Year       |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 2, 1877</u>                           |
| 9. AGE (In years last birthday) <u>81</u>  |                            | IF UNDER 1 YEAR<br>Month <u>7</u> Day <u>11</u>  | IF UNDER 24 HRS.<br>Hour <u></u> Min. <u></u>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>  |                            | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Sarcoxie Mo.</u> |
| 13. FATHER'S NAME <u>Steven B. Powell</u>  |                            | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 14. MOTHER'S MAIDEN NAME <u>Alice Haram</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>None</u>  |                            | 17. INFORMANT Address <u>Grace L. Frisbie Diamond Mo.</u>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u><br><u>Arteriosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>4221</u><br>DUE TO (c) <u></u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                            |  | INTERVAL BETWEEN ONSET AND DEATH                               |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                            | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |
| 20c. TIME OF INJURY a. m. p. m.  |                            | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                            | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from <u>9-1-58</u> to <u>9-13-58</u> and last saw her <u>born</u> alive on <u>9-13-58</u><br>Death occurred at <u>2<sup>nd</sup> P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                            |  |  |
| 22a. SIGNATURE <u>M. Blankenship M.D.</u> (Degree or title)  |                            | 22b. ADDRESS <u>Neosho Mo.</u>   |  |
| 22c. DATE SIGNED <u>9-16-58</u>  |                            |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE                  | 23c. NAME OF CEMETERY OR CREMATORY   | 23d. LOCATION (City, town, or county) (State)                  |
| <u>Burial</u>  | <u>9-16-1958</u>           | <u>Sarcoxie Cemetery</u>   | <u>Sarcoxie Mo.</u>  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Wilks Bros. Pierce City Mo.</u>  |                            | 25. DATE RECD. BY LOCAL REG. <u>9-22-58</u>  | 26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>         |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

District Health Officer No. *Beanton*

District File Number *958-198*

Date Filed *SEP 29 1958*

OCT 31 1958

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, ~~on~~ by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Edwin Wilks* .....

Licensed Embalmer No. *415*

P. O. Address *Perce Ct*

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.