URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1959

59-035818
STATE FILE NUMBER

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1171

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. — Length of stay in Ib 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Ash Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Spake St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Julie Middle Ann Last Erwin
4. DATE OF DEATH: Month Oct. Day 30 Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/28/59
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months Days 2 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jack Erwin
13b. MOTHER'S MAIDEN NAME: Edith McGill
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Jack Erwin -- Ash Grove, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~(b)~~ Patent Ductus Arteriosus
~~(c)~~ Prematurity Birth wt. 4# 8oz.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-28-59 to 10-30-59 and last saw her alive on 10-30-59
Death occurred at 4 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E J Schwartz M.D. (Degree or title)
22b. ADDRESS 609 Cherry Springfield Mo.
22c. DATE SIGNED 11-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 1, 1959
23c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
23d. LOCATION (City, town, or county) (State): Ash Grove, Mo.

24. FUNERAL DIRECTOR: H. W. Buck ADDRESS: Ash Grove, Mo.
25. DATE RECD. BY LOCAL REG.: 11-3-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard E. Watts

Signature of Student Embalmer

Licensed Embalmer No. 4652

P. O. Address Oak Grove, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.