

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-006915

FILED VS. MAR 8 1960 / 60

Primary Registration District No. 55N Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Herculaneum Mo</u>		Length of stay in 1b		c. CITY OR TOWN <u>Herculaneum</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thurwell St.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Thurwell St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Erwin</u> Middle <u>Curtis</u> Last <u>Cawvey</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>21</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 18-1906</u>		9. AGE (last birthday) <u>53-7-3</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St Joseph Lead Co</u>		11. BIRTHPLACE (City and state or country) <u>Collinsville Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>						
13a. FATHER'S NAME <u>William E. Cawvey</u>			13b. MOTHER'S MAIDEN NAME <u>Della W. Mills</u>			14. NAME OF HUSBAND OR WIFE <u>Edua Politte</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>493-07-5484</u>		17. INFORMANT Address <u>Edua Politte Herculaneum Mo</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure due to myocarditis 3 weeks</u> DUE TO (b) <u>Parkinson disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 Hour _____ a.m. _____ p.m. _____		Month, Day, Year											
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>6/17/58</u> to <u>2/21/60</u> and last saw ^{her} him live on <u>2/21/60</u> Death occurred at <u>2/21/60</u> <u>6:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>W. P. Deem</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Herculaneum Mo</u>				22c. DATE SIGNED <u>2/23/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb-25-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Dem.</u>		23d. LOCATION (City, town, or county) <u>Herculaneum Mo</u>		(State)					
24. FUNERAL DIRECTOR <u>Vinyard Funeral Home Inc Festus Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-24-60</u>		26. REGISTRAR'S SIGNATURE <u>Gene G. Tipton</u>					

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus, Va.

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.