SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-017423

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2071

FILED MAY 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Wm. R. Goodson, Jr.

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Ib: 17 Years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City — Inside Limits: Yes X No ☐

d. STREET ADDRESS 4718 Jarboe Street (If outside, give location) — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First SHARON Middle RUTH Last ERWIN

4. DATE OF DEATH: Month April Day 25, Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married XX Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-26-1943

9. AGE (last birthday): 17

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Westport High

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Walter H. Erwin

13b. MOTHER'S MAIDEN NAME: Alma Miller

14. NAME OF HUSBAND OR WIFE: - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Walter H. Erwin, Address 4718 Jarboe, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lupus Erythematosus — INTERVAL BETWEEN ONSET AND DEATH: 1 yr + Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 X ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 Dec 1959, to April 25 1961 and last saw her alive on April 25, 1961

Death occurred at 4 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Goodson Jr. MD (Degree or title)

22b. ADDRESS 730 Prof Bldg Kansas City 6 Mo

22c. DATE SIGNED 4/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 27, 1961

23c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Freeman Mortuary, ADDRESS: Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 4-26-61

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed Clayton T. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.