

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8211

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 23

0470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urich (Town)</u>	c. LENGTH OF STAY (In this place) <u>53 hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urich</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>H</u> c. (Last) <u>Erwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1951</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>Dec. 19, 1873</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>David Erwin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary G. McCalmon</u>		14. NAME OF HUSBAND OR WIFE <u>Ada K. Erwin</u>	
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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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada K. Erwin Urich, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brainchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>2 strokes</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>334 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 da</u> <u>March 1950</u> <u>March 18, 1951</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 15, 1951, to March 21, 1951, that I last saw the deceased alive on 2-20, 1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Walker</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>m. 5 Clinton mo.</u>		23c. DATE SIGNED <u>3-22-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>	24b. DATE <u>March 23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Urich Mo 240</u>		
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DATE REC'D BY LOCAL REG <u>Mar-23-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Brown Urich mo</u>	
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MAY 26 1951

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

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 _____
Student Embalmer

Signed RR Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.