

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38104**

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 39 Hrs		d. STREET ADDRESS (If rural, give location) 2431 Byens	
d. FULL NAME OF HOSPITAL OR INSTITUTION Granby Community Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MATT	b. (Middle)	c. (Last) Ervin	(Month) Nov	(Day) 16	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (State or foreign country) Magazine, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jim Ervin	13b. MOTHER'S MAIDEN NAME Mollie Wilson	14. NAME OF HUSBAND OR WIFE Mrs Matt Ervin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Mollie Wilson	ADDRESS Joplin Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 142X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Hypertensive Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov 12**, 1949, to **Nov 16**, 1949, that I last saw the deceased alive on **Nov 16**, 1949, and that death occurred at **1250A m.**, from the causes and on the date stated above.

23a. SIGNATURE Melvin M. Lullough (Degree or title)	23b. ADDRESS 225 S. 1st St. Bldg. No. 100, Mo	23c. DATE SIGNED 11-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-20-49	24c. NAME OF CEMETERY OR CREMATORY SAGINAW	24d. LOCATION (City, town, or county) SAGINAW (State) Mo
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DATE REC'D BY LOCAL REG. Nov 22 1949	REGISTRAR'S SIGNATURE M. L. Young	25. FUNERAL DIRECTOR'S SIGNATURE Thompson ADDRESS Joplin, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

731

RECEIVED

District Health Officer No. Hemiston Co. Health Dept.
District File Number 1149-216
Date Filed NOV 29 1949

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Nesby, Ma

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.