

5. No. 300
v. 10.48

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11823

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 7 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Randol 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital		d. STREET ADDRESS (If rural, give location) R.F.D. # 1-Cape Girardeau, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rosa	b. (Middle) Ida	c. (Last) Ervin	(Month) April	(Day) 28,	(Year) 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 18, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Egypt Mills, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Niedling	13b. MOTHER'S MAIDEN NAME Carrie Schattee	14. NAME OF HUSBAND OR WIFE Joseph Ervin
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Ervin-Cape Gir.	ADDRESS R.F.D. # 1
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 4/28, 1951, to 4/29, 1951, that I last saw the deceased alive on 4/28, 1951, and that death occurred at 3:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Lutheran Church Cemt.	24d. LOCATION (City, town, or county) (State) Egypt Mills, Mo.
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DATE REC'D BY LOCAL REG. 4-30-1951	REGISTRAR'S SIGNATURE C. C. Summer	44	25. FUNERAL DIRECTOR'S SIGNATURE Howard B. Homan	ADDRESS Cape Gir, Mo/
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(Licensed Embalmer's Statement on Reverse Side)

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

0164
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RECEIVED

MAY 7 1951

DISTRICT HEALTH OFFICE No. 6

No. No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Howard R. Hansen

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Cape Girardeau, 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.