

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

536

FILED FEB 1 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY OR TOWN <u>Cape Girardeau 0164</u>		d. STREET ADDRESS (If rural, give location) <u>1575 Paul</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>				d. STREET ADDRESS (If rural, give location) <u>C</u>					
3. NAME OF DECEASED (Type or Print) <u>SADIE</u> (First)			b. (Middle) <u>E</u>		c. (Last) <u>ERVINI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 17 1882</u>		9. AGE (in years last birthday) <u>71</u> If UNDER 1 YEAR (Months) <u>7</u> If UNDER 1 MIN. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo 0164</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Ervine</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>John Ervine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown)			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Clara Ervine</u> ADDRESS <u>Cape Girardeau Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____					
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? _____					
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on <u>1-24</u> , 19 <u>53</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold Redings</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>1-30-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Townview Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Arba Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Howard</u>		ADDRESS <u>Cape Girardeau Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1154

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

Joe Howell
Licensed Embalmer No. 3390

P. O. Address Cape Verde
Me

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.