

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5186</u>		Registrar's No. <u>122</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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - RANDOL</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Egypt Mills</u>		e 160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home - Egypt Mills</u>				d. STREET ADDRESS (If rural, give location) <u>On hill close to Egypt Mills</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Ervin</u>		4. DATE OF DEATH Jan. 31, 1956 (Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2, 1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Egypt Mills, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Ervin</u>			13b. MOTHER'S MAIDEN NAME <u>Delilah Nowland</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Niedling, Deceased</u>		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Naevers, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver, pancreas & stomach</u> 10 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1998</u>						INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of abdominal viscera</u>							
19a. DATE OF OPERATION <u>12-15-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of liver, pancreas & stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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>Feb. 26, 1955</u> to <u>Jan 31, 1956</u> , that I last saw the deceased alive on <u>Jan 30, 1956</u> , and that death occurred at <u>2:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>[Signature]</u>				23b. ADDRESS <u>24 N. Sprigg Cape Gir., Mo.</u>		23c. DATE SIGNED <u>Feb. 2, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Egypt Mills Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Egypt Mills, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

MAR 14 1958

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 L. J. Hannan

Licensed Embalmer No. 2563

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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