

FILED SEP 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29406

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Neelyville</u>	
c. LENGTH OF STAY (in this place) <u>3da.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles W. of Neelyville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Poplar Bluff</u>			
3. NAME OF DECEASED a. (First) <u>Ruby</u> b. (Middle) <u>May</u> c. (Last) <u>Ervin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1949</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>July 8, 1909</u>
9. AGE (In years last birthday) <u>40</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (State or foreign country) <u>Clay Co. Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ben Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Sherman Ervin</u>	
14. NAME OF HUSBAND OR WIFE <u>Sherman Ervin</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 <u>Sherman Ervin Neelyville</u>		ADDRESS <u>Neelyville</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>Internal hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Lacerated lungs by fractured ribs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo State Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neelyville Butler Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 10, 1949 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car turned over in ditch off highway</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm H Johnson</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo</u>	
23c. DATE SIGNED <u>9/15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 16, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kinsey</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u> <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home Neelyville Mo</u>		ADDRESS <u>Neelyville Mo</u>	

SEP 19 REC'D

949-282

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

FEB 2 - 1957

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 Bryan McCord

Licensed Embalmer No. 40,79

P. O. Address Naylor, 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.