

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32997**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **74**

240

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

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) SMITHVILLE, MO.		c. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE 0240	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOME			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) THOMAS	b. (Middle) J.	c. (Last) ERVIN	(Month) 10	(Day) 29	(Year) 1950

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 19, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Days 10	IF UNDER 2 HRS. Hours 10	IF UNDER 15 MIN. Min. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER—RETIRED 20 years	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CLAY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN ERVIN	13b. MOTHER'S MAIDEN NAME MOURNING ESTES	14. NAME OF HUSBAND OR WIFE LULU BRITT ERVIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. THOS. J. ERVIN	ADDRESS SMITHVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease		
	DUE TO (c) Rheumatic heart 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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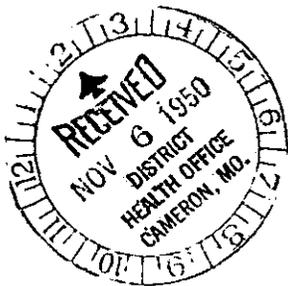
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 30, 1950** to **Oct 29, 1950**, that I last saw the deceased alive on **Oct 28, 1950**, and that death occurred at **7:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 10-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-31-1950	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.
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DATE REC'D BY LOCAL REG. 10/31-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME	ADDRESS SMITHVILLE, MO.
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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

Donald W. Hanks

Licensed Embalmer No.

4528

P. O. Address

Smithville, 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.