

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8995

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 22 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 St. Charles		d. STREET ADDRESS (If rural, give location) 304 St. Charles	

3. NAME OF DECEASED (Type or Print) Fred	a. (First)	b. (Middle) Leroy	c. (Last) ERNST	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 21, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 4 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Sales	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME S.K. Ernst	13b. MOTHER'S MAIDEN NAME Jan. Blount	14. NAME OF HUSBAND OR WIFE Deceased
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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. 324-14-1208	17. INFORMANT'S SIGNATURE OR NAME Self (prearrangement)	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) Generalized arteriosclerosis		3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan. 1, 1951, to March 21, 1951, that I last saw the deceased alive on 3-9-51, 19\_\_, and that death occurred at ? m., from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Joplin, Missouri	23c. DATE SIGNED 3-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/18/51	24c. NAME OF CEMETERY OR CREMATORY Peterson-Niell Mort.	24d. LOCATION (City, town, or county) (State) Clay Center, Kansas
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DATE REC'D BY LOCAL REG. 3-19-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 3-26-51  
Jasper County Health Office

County File Number 51-3-245 -----

Date Filed 3-26-51 -----

APR 25 1951

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.....

*Charles E. Frey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address *Joplin, 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.