No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26382

FILED SEP 5 1951

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Cass 0190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Peculiar
c. LENGTH OF STAY (In this place): 4hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman. 0190
d. STREET ADDRESS (If rural, give location): not Named. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Lee
c. (Last): Ervin.

4. DATE OF DEATH (Month) (Day) (Year): Aug 31 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
8. DATE OF BIRTH: Feb. 11 1863
9. AGE (In years last birthday): 88 — If under 1 year: Months 6, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Duck Stevens
13b. MOTHER'S MAIDEN NAME: Minerva Adams.
14. NAME OF HUSBAND OR WIFE: John K. Ervin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Effa H. Ervin
ADDRESS: Freeman. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: Many years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* August 31, 1951, *that I last saw the deceased alive on* August 31, 1951, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul H. Green D. O.
(Degree or title)
23b. ADDRESS: Harrisonville, Mo.
23c. DATE SIGNED: 9-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 1951
24c. NAME OF CEMETERY OR CREMATORY: Freeman Cemetery
24d. LOCATION (City, town, or county) (State): Freeman, Mo.

DATE REC'D BY LOCAL REG.: Sept 1, 1951
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Bros
ADDRESS: Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 4 1951
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville, 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.