

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17208

State File No.

No. 300
10.48

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5759 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek</u> <u>0630</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles South of Vichy Airport</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles South of Vichy Airport</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles South of Vichy Airport</u>	
3. NAME OF DECEASED (Type or Print) <u>ERVEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1952</u>	
a. (First)		b. (Middle)	
c. (Last) <u>ERRETT</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 2, 1865</u>
9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Peter G. Errett</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva May Hodge</u>		ADDRESS <u>Vichy, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterograde Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>* Coronary Thrombosis</u>		<u>Unknown</u>	
DUE TO (c) <u>Anterograde Heart Disease</u>		<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		<u>4200</u>	
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) <u>Vichy Maries Mo</u>			
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>10-6</u> , 19 <u>51</u> , to <u>2-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>52</u> , and that death occurred at <u>9:30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. V. Everett MD</u>		23b. ADDRESS <u>Ransom Bldg. Rolla Mo 65801</u>	
23c. DATE SIGNED <u>25 May 46</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bowles Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-29-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u> <u>188</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

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..... *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address..... *Rolls, 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.