

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHERRYVILLE MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cherryville MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jesse Jefferson Univ</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>J. Ivie</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 - 1952</u>		
5. SEX <u>M C</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Oct 27 - 1894</u>		9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Springs Ark, 1</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Frank Ivie</u>		13b. MOTHER'S MAIDEN NAME <u>Melba Toussaint</u>		14. NAME OF HUSBAND OR WIFE <u>RENA IVIE</u>	
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. <u>499-03-2085</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rena Ivie Cherryville MO</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, asthma, 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) <u>Starvation</u>		ANTECEDENT CAUSES DUE TO (b) <u>Self Imposed Fast</u>					
		DUE TO (c) <u>Religious beliefs and convictions of Rev. J. J. Ivie, the deceased</u>					
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 <u>E 9330</u> <u>22</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE OR 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>028</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elsie Hanson</u> (Degree or title)		23b. ADDRESS <u>House 3</u>		23c. DATE SIGNED <u>6/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 11 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAVISVILLE</u>	
				24d. LOCATION (City, town, or county) (State) <u>DAVISVILLE MO</u>	

DATE REC'D BY LOCAL REG. <u>6/18/52</u>		REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JONAS FUNERAL HOME</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

280

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 _____

Harry M. Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harry M. Jones*

Licensed Embalmer No. *3428*

P. O. Address *Steakville MD*

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.