

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34572

State File No. \_\_\_\_\_

FILED NOV 10 1952

BIRTH NO. 34897 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 34-1952

0280  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Knobview Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Knobview</u> <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 mos.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cuba, Mo. Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>Cuba, Mo. Rt.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ervin</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Souders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1952</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>June 22, 1952</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days <u>4</u> Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>**</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Floyd Souders</u>		13b. MOTHER'S MAIDEN NAME <u>Arlene Jacobsen</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>**</u> (If yes, give war or dates of service) <u>**</u>		16. SOCIAL SECURITY NO. <u>**</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Floyd Souders Cuba, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Enteritis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Infection</u>  DUE TO (c) <u>✓</u>		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Lack of nutrition</u>			

19a. DATE OF OPERATION <u>7/10</u>		19b. MAJOR FINDINGS OF OPERATION <u>7/10</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>5710</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/10</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7/10</u>	

22. I hereby certify that I attended the deceased from June 22, 1952, to Oct 28, 1952; that I last saw the deceased alive on Oct 26, 1952 and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Souders</u> (Degree or title)		23b. ADDRESS <u>St. James</u>		23c. DATE SIGNED <u>10-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licklider Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Jakes Prairie, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-30-1952</u>		REGISTRAR'S SIGNATURE <u>Paul A. [Signature]</u> 372		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Midford H. H. [Signature] OWENSVILLE</u>	
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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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.