.S. No. 300
rv. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1952

State File No. 41233

BIRTH NO. — REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6294 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kinder Pct — Crump Mo
c. LENGTH OF STAY (in this place): 77Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crump, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crump 0160
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March, 16, 1875
9. AGE (In years last birthday): 77. If under 1 year: Months 8. Days 28. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Houck Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Ulrich
13b. MOTHER'S MAIDEN NAME: Mary Bohnsack
14. NAME OF HUSBAND OR WIFE: Hezekiah Ervin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clarence Ervin
ADDRESS: Cape Girardeau 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): Heart Attack — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4343
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Heart Attack
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Crump Mo At Home
21c. (CITY, TOWN, OR TOWNSHIP): Crump Mo (COUNTY): Cape (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): December 14 52 6.42 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Heart Attack

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: E. [illegible] Brickey (Degree or title): Coroner
23b. ADDRESS: 4.S.Pacific St Cape Girardeau Mo
23c. DATE SIGNED: 14.Dec52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.16.1952
24c. NAME OF CEMETERY OR CREMATORY: Proffer Cemt.
24d. LOCATION (City, town, or county) (State): Crump Mo.

DATE REC'D BY LOCAL REG.: Dec 18-52
REGISTRAR'S SIGNATURE: D. G. Seibert
25. FUNERAL DIRECTOR'S SIGNATURE: L. L. Haman
ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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 L. L. Hamm

Licensed Embalmer No. 2663

P. O. Address Cape Girardeau Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.