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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25607

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 0611
d. STREET ADDRESS (If rural, give location): Macon Lake Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Beverley
c. (Last): Erni

4. DATE OF DEATH (Month) (Day) (Year): July 14 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15, 1915
9. AGE (In years last birthday): 37 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: S. P. Glover
13b. MOTHER'S MAIDEN NAME: Edna Carenan
14. NAME OF HUSBAND OR WIFE: Dr. Harry Erni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Dr. Harry Erni — **ADDRESS**: Macon, 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) PAREDHYMATOUS DEGENERATION KIDNEY — INTERVAL BETWEEN ONSET AND DEATH: Sev. Mos.

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. 591X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* MAR 18, 1953, *to* JULY 14, 1953, *that I last saw the deceased alive on* JULY 14, 1953, *and that death occurred at* 11:73 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Miller MD
23b. ADDRESS: Macon
23c. DATE SIGNED: 7/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17 1953
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem.
24d. LOCATION (City, town, or county) (State): Macon Mo.

DATE REC'D BY LOCAL REG.: 7/20/53
REGISTRAR'S SIGNATURE: Ruth McNeely 185-C
25. FUNERAL DIRECTOR'S SIGNATURE: Lester Hutton — **ADDRESS**: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1955

RECEIVED: 7.29.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.53.189
Date Filed 7.31.53

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.