

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4347**

BIRTH NO. **FILED MAR 12 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON CITY		c. CITY OR TOWN UNKNOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 days		e. STREET ADDRESS (If rural, give location) UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) LLOYD		a. (First)	b. (Middle)	c. (Last) ERVIN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 6 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN		8. DATE OF BIRTH March 16, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 11 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME STATE PENITENTIARY HOSPITAL RECORDS	ADDRESS
--	---	---	---------

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) Hemorrhagic shock		
ANTECEDENT CAUSES		DUE TO (b) Operation	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 3/6/54	19b. MAJOR FINDINGS OF OPERATION Epidermoid carcinoma st. lung		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **Jan. 23, 1954**, to **Mar. 6, 1954**, that I last saw the deceased alive on **Mar. 6, 1954**, and that death occurred at **12:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. S. Pen, M.D. (Degree or title)	23b. ADDRESS 503 E. High St.,	23c. DATE SIGNED 3/6/54
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/11/54	24c. NAME OF CEMETERY OR CREMATORY Strödderville Cemetery	24d. LOCATION (City, town, or county) (State) Whitewater, Missouri
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Mar 10 54	REGISTRAR'S SIGNATURE R. P. Davis M.D. JR.	25. FUNERAL DIRECTOR'S SIGNATURE Harper & Gordan	ADDRESS Jefferson City, Mo
--	--	--	--------------------------------------

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

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.....
Signature of Student Embalmer

Signed *Thorp J. Gordon*

Licensed Embalmer No. *178*
P. O. Address *Jeff City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.