No. 300
10.48

FILED MAY 18 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 468

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008 Church St. Rathburn Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 1008 Church St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Matilda
b. (Middle): Jane
c. (Last): Ervin

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 28, 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Sept. 16, 1885
**9. AGE** (In years last birthday): 68 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Own home
**11. BIRTHPLACE** (State or foreign country): Albany, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Seth Posey
**13b. MOTHER'S MAIDEN NAME**: Margaret Bloyd
**14. NAME OF HUSBAND OR WIFE**: George 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**: Charles Ervin, 729 Harmon St. St. Joseph, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____ — 491 X

II. OTHER SIGNIFICANT CONDITIONS* Hemiplegia, Arterio sclerosis — year

*Conditions contributing to the death but not related to the disease or condition causing death.*

**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* Apr 1, 1954, *to* Apr 28, 1954, *that I last saw the deceased alive on* Apr 28, 1954, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: O. F. Grant (Degree or title) M.D.
**23b. ADDRESS**: St. Joseph, Mo
**23c. DATE SIGNED**: 4-30-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 1, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Savannah, Memetery
**24d. LOCATION** (City, town, or county) (State): Savannah, Mo.

**DATE REC'D BY LOCAL REG.**: May 11, 1954
**REGISTRAR'S SIGNATURE**: Kathrew M. Allison 48 S
**25. FUNERAL DIRECTOR'S SIGNATURE**: Carl E. Clark
ADDRESS: Clark Funeral Home 120 Illinois Av St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 16 1956

## 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 Earl Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.