

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35802

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6288 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union</u>		c. CITY OR TOWN <u>Grove Spring</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Unknown</u>		e. STREET ADDRESS (If rural, give location) <u>Near Grove Spring</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Grove Spring</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Ervin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 26, 1916</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>1</u> Day <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dozer operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bulldozing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phillipsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Fred Ervin</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Raglan</u>	14. NAME OF HUSBAND OR WIFE <u>Vera Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stoyel Kilmer, Dozer Driver</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>		INTERVAL BETWEEN ORSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a falling tree while operating Bull dozer</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9129</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>12</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 9, 10, 1955, to 10, 9, 1955, that I last saw the deceased alive on 10-9, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. V. Hough</u> (Degree or title) _____	23b. ADDRESS <u>Meramee Sp. Eng. Shop</u>	23c. DATE SIGNED <u>10-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roper Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-15-55</u>	REGISTRAR'S SIGNATURE <u>J. B. Garner</u> <u>346</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson Hartwell, Inc.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 7-003-222  
Date Filed OCT 26 1955

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 *James W. Wair*

Licensed Embalmer No. *4657*  
P. O. Address *Springfield*

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.