

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

895

63-027304

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. _____ Registrar's No. _____

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Joseph, Length of stay in lb

35 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Meth. Hosp. & Med. Center Inside LimitsYes No 3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CLARENCE

W.

ERVIN

4. DATE
OF
DEATH

July

21,

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

Apr. 29, 1881

9. AGE (last birthday)

82

10. US UNDER 1 YEAR

Months

11. IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

U.S. Gov't Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Swift & Company

11. BIRTHPLACE (City and state or country)

South Solon, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Creighton Ervin

13b. MOTHER'S MAIDEN NAME

Nancy Hutchinson

14. NAME OF HUSBAND OR WIFE

Minnie Ervin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT Sister Address

Miss Edith Ervin-Columbus, Ohio

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart - renal failure
INTERVAL BETWEEN
DEATH AND DEATH

3 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause (b).

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days. Yes No Unknown19. WAS AUTOPSY
PERFORMED?
YES NO 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK
NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from

1962

July 1963 and last saw him alive on

Death occurred at

7:40 PM

July 21, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Burial

July 24, 1963

23c. NAME OF CEMETERY OR CREMATORIAL

Memorial Park Cemetery

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

July 26, 1963

25. DATE RECD. BY LOCAL REG.

St. Joseph, Missouri

26. REGISTRAR'S SIGNATURE

Mrs. Clarke Goodell

USE BLACK INK
OR
TYPEWRITER RIBBON

61 Carpenter Street, St. Joseph, Mo.

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 7-22-63

1110
1110
08-18

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,

0-50

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Albert B. Harrington
3258

Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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