

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15862

FILED MAY 6 - 1957

Registration District No.

333

Primary Registration District No.

6113

STATE FILE NUMBER

Registrar's No.

75-

1. PLACE OF DEATH a. COUNTY Scott County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Scott County			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D.#1 Benton Mo			Inside Limits Yes ☐ No ☒		c. CITY OR TOWN R #1 Benton Mo		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 44yrs		d. STREET (If outside, give location) ADDRESS R #1 Benton Mo		
3. NAME OF DECEASED (Type or print) First Altha Middle Elizabeth Last Ervin				4. DATE OF DEATH Month March Day 31 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Aug. 3, 1868	
9. AGE (In years last birthday) 88yrs		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY General	
11. BIRTHPLACE (City and state or country) Whitewater Mo		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Daniel Kinder			
14. MOTHER'S MAIDEN NAME Martha Jenkins		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 Oscar Ervin Cape Girardeau Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Influenza DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 480x							INTERVAL BETWEEN ONSET AND DEATH 2 da
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. _____		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 First call, after death and last saw her him alive on _____ Death occurred at about 2:30A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dubma C. Burkthous M.D. Health Officer				22b. ADDRESS Benton Mo.		22c. DATE SIGNED 4-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/2/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemt		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
24. FUNERAL DIRECTOR L. L. Haman				ADDRESS Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. 4-22-57	
26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter							

DATE RECEIVED APR 29 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 457-92

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 J. L. Heman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.