

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32285

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 3072	Registrar's No. 191
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. LENGTH OF STAY (in this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 222 North Jefferson St.		d. STREET ADDRESS (If rural, give location) 222 North Jefferson St.		
3. NAME OF DECEASED (Type or Print) Ollie		a. (First) M.	b. (Middle) Irvine	c. (Last) Irvine
4. DATE OF DEATH Sept. 29th, 1950		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 5th, 1870		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William A. Irvine		
13b. MOTHER'S MAIDEN NAME Helen S. Brown		14. NAME OF HUSBAND OR WIFE -----		
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'S SIGNATURE OR NAME John Irvine, Greenup, Kentucky
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9/21/50
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Return of Sclerosis		33ix
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO Fatally Bleeding		8yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 July 10, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 27, 1950 and that death occurred at 9 AM, from the causes and on the date stated above.				
23a. SIGNATURE M. D. Washburn		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 9/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery
24d. LOCATION (City, town, or county) (State) Marshall, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.		
DATE REC'D BY LOCAL REG Sept. 30, 1950		REGISTRAR'S SIGNATURE Sidney T. Gray		385

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

RECEIVED

131950  
10/2/57

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10/2/57

JAN 20 1951

JAN 13 1951

NOV 11 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed R. W. Campbell Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall

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.