

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15245**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **91**

09720

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

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) OR TOWN Marshall	c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Memorial Hospital		d. STREET ADDRESS (If rural, give location) East Slater	

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) ERA	c. (Last) IRVIN	4. DATE OF DEATH (Month) (Day) (Year) May 1 - 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant	10b. KIND OF BUSINESS OR INDUSTRY Mo. State School	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Montgomery	13b. MOTHER'S MAIDEN NAME Ollie Mitchell	14. NAME OF HUSBAND OR WIFE Samuel Claude Irvin
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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. 491-34-9890	17. INFORMANT'S SIGNATURE OR NAME S. C. Irvin	ADDRESS Marshall Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	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) Marshall Mo
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 23, 1952** to **May 1, 1952**, that I last saw the deceased alive on **May 1, 1952**, and that death occurred at **3:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Kennedy M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 5-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-2-1952	24c. NAME OF CEMETERY OR CREMATORY Parson Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Hardeman County Tenn.
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DATE REC'D BY LOCAL REG. May 1 - 1952	REGISTRAR'S SIGNATURE Richard S. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall Mo
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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.....
Student Embalmer

Signed Joseph R. Maddox.....

Licensed Embalmer No. 4571.....

P. O. Address Marshall, 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.