

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30931**

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 325

2143
2

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton Mo</u> | |
| c. LENGTH OF STAY (In this place) <u>11 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARGARET</u> | b. (Middle) <u>-</u> | c. (Last) <u>IRWIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1952</u> |
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| 5. SEX <u>♀</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>Nov 2-1874</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Auto</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|------------------------------|-------------------------------------|---|
| 13a. FATHER'S NAME <u>PK</u> | 13b. MOTHER'S MAIDEN NAME <u>PK</u> | 14. NAME OF HUSBAND OR WIFE <u>A.B. Irwin</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>DK</u> | 16. SOCIAL SECURITY NO. <u>DK</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.B. Irwin Smithton Mo</u> |
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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, asthenia, 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) <u>Ch. myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis simple type</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 9-16, 1952, to 9-27, 1952 that I last saw the deceased alive on 9-26, 1952, and that death occurred at 7:10 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J.C. Caldwell M.D.</u> | 23b. ADDRESS <u>State Hos Hulton Mo</u> | 23c. DATE SIGNED <u>9-27-52</u> |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 27/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Amelton</u> | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 27-1952</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marguerite Fournelle Hulton Mo</u> |
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OCT 17 1952

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
Student Embalmer

Signed *Wm. J. Stewart* _____

Licensed Embalmer No. *3722* _____

P. O. Address *Fallon 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.