

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37506

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 404

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kirkville</u> | | c. LENGTH OF STAY (In this place) <u>2 days</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |

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|---|--|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> | | b. (Middle) <u>Ann</u> | | c. (Last) <u>Irvin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept. 23, 1868</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co., Missouri</u> | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Edward Kelly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria Cain</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward Irvin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Haden Kelso, Novinger, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | <u>2 yrs.</u> | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-23-1952 to 11-25, 1952, that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 10:25 AM., from the causes and on the date stated above.

| | | | | | | | |
|--|--|-----------------------------|--|---|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Kirkville, Missouri</u> | | 23c. DATE SIGNED <u>11/25/52</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/26/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Marceline</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u> | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-25-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Kirkville, Mo.</u> | |
|--|--|--|--|--|--|

(Insert Emballer's Statement on Reverse Side)

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

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DEC 8 1957

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

Richard W. Bondall

Licensed Embalmer No. *4866*

P. O. Address *Fairbairn, 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.