

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21302**

No. 300  
10-48

FILED JUN 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>590</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) (township) <u>26 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1300 Fulbright Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>1300 Fulbright Avenue</u> <span style="float:right">0396 0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>MARGUERITHA</u>		c. (Last) <u>IRVINE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6 March 1895</u>		9. AGE (In years last birthday) <u>58</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berryville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James F. Irvine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.F. Irvine, 1300 Fulbright Avenue, Springfield, Missouri.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Coronary arteriosclerosis</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Generalized arteriosclerosis, severe			
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) m.		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 <u>2-1-</u> <u>19 59</u> , to <u>6-19-</u> <u>19 53</u> that I last saw the deceased alive on <u>6-16-53</u> , 19 <u>53</u> , and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>6-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>23 June 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesapeake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chesapeake, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>6-24-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul C. Heinen, Springfield, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph H. [Signature]  
Licensed Embalmer No. 3687

P. O. Address Springfield, Mass.

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.