

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32335**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **4292** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY LINCOLN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINFIELD		c. LENGTH OF STAY (in this place) 10 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield		6570
d. FULL NAME OF HOSPITAL OR INSTITUTION In her home			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH B. b. (Middle) IRVIN c. (Last) IRVIN			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 19, 1953		
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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. 8, 1876		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LORENE NEUNLIST - old Monroe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 35 minutes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis				Unknown	
		DUE TO (c) Debility of Age				years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity				years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 **August 15, 1952**, to **Sept 19, 1953**, that I last saw the deceased alive on **Sept 19, 1953**, and that death occurred at **10:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Sutton		23b. ADDRESS D.O. Winfield, Missouri		23c. DATE SIGNED 9/22/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-22-53	24c. NAME OF CEMETERY OR CREMATORY WINFIELD CEMETERY		24d. LOCATION (City, town, or county) (State) Winfield, Mo.
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DATE REC'D BY LOCAL REG. 9-26-1953		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chelan Kuts - Eisberry, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

6570

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.

Signed.....
Student Embalmer

Signed *[Handwritten Signature]*
Student Embalmer No.

Licensed Embalmer No. *4012*

P. O. Address *Elabery, 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.