

FILED OCT 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. **33608**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **958**

1. PLACE OF DEATH  
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**

c. LENGTH OF STAY (In this place) **11 years**

c. CITY OR TOWN **Springfield,**

4. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **709 E. Elm**

e. STREET ADDRESS (If rural, give location) **709 E. Elm**

3. NAME OF DECEASED  
a. (First) **Frank** b. (Middle) **B.** c. (Last) **Irwin**

4. DATE OF DEATH (Month) (Day) (Year) **October 15, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **October 31, 1900**

9. AGE (In years last birthday) **53**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Osteopath**

10b. KIND OF BUSINESS OR INDUSTRY **Physician**

11. BIRTHPLACE (City and State or Foreign Country) **Chanute, Kansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Irwin**

13b. MOTHER'S MAIDEN NAME **Lydia Jones**

14. NAME OF HUSBAND OR WIFE **Beatrice Irwin**

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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Robert Filbeck Columbia, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Probable Coronary Occlusion**  
  
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.

INTERVAL BETWEEN ONSET AND DEATH **Unknown**

UNATTENDED BY A PHYSICIAN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Edith Williamson Vital Statistics**

23b. ADDRESS **Greene County Court House Springfield, Missouri** DATE SIGNED **10-16-54**

24a. BURIAL, CREMATION REMOVAL (Specify) **Removal**

24b. DATE **Oct. 18, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Elmwood**

24d. LOCATION (City, town, or county) (State) **Chanute, Kansas**

DATE REC'D BY LOCAL REG. **10-16-54** REGISTRAR'S SIGNATURE **Edith Williamson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri**

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

NOV 28 1955

NOV 10 1955

MAR 21 1955

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..... Signature of Student Embalmer

Signed..... Lewis G. Schartz

Licensed Embalmer No. 3802

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.