

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42139  
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 212

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Miami Township</u> <u>2970</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS <u>9 miles north of Marshall</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Winnifred Glenn Irvine</u>			4. DATE OF DEATH Month Day Year <u>Nov. 17, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 3, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>68</u>
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>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Harrisonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Allen Glenn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Keller</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Irvine</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-42-5561</u>	17. INFORMANT Address <u>Sam Irvine Marshall, Mo R#3</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion.</u> DUE TO (b) <u>Hypertension -</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>1957</u> and last saw <sup>her</sup> alive on <u>Nov 17 - 1957</u> Death occurred at <u>3:45 pm.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John R. Purvis, M.D.</u> (Degree or title)			22b. ADDRESS <u>Marshall, Mo</u>		22c. DATE SIGNED <u>11-18-57.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
24. FUNERAL DIRECTOR <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Clair J. Reed</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *James H. Lewis* .....

Licensed Embalmer No. *4709* .....  
P. O. Address *Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.