

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59-038922**

**FILED VS NOV 3 0 1959**

**38**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3006** Registrar's No. **578**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>	Length of stay in 1b <b>10 yrs.</b>	c. CITY OR TOWN <b>Columbia</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>15 Third Avenue</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>15 Third Avenue</b>

3. NAME OF DECEASED (Type or print) First <b>Marvin</b> Middle <b>L.</b> Last <b>Irvin</b>			4. DATE OF DEATH Month <b>11</b> Day <b>23</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal</b>	11. BIRTHPLACE (City and state or country) <b>Saline County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Richard I. Irvin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary L. Price</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie McAlpin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-16-0856</b>	17. INFORMANT Address <b>H. B. Irvin Columbia, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Senile Debility</b>		
DUE TO (c) <b>Emaciation Malnutrition</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adenocarcenoma of the stomach small bowels, colon.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 **1-28-59** to **11-21-59** and last saw **him** alive on **11-21-59**  
Death occurred at **11-23-59** **6:15** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Walter Sparks</i> (Degree or Title) <b>D.O.</b>	22b. ADDRESS <b>311 Christian College Ave. Columbia, Mo.</b>	22c. DATE SIGNED <b>11-24-59</b>
---	--	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 25, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri</b>
---	--------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <b>Lyman Sprinkle Columbia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 25, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mr. R.E. Palmer</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

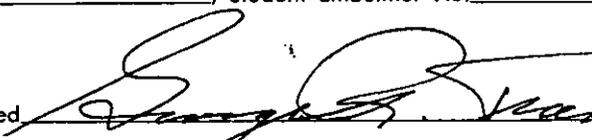
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 442

P. O. Address Cheney

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.