

**FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 2 1959 *77*

59-039422

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *3016* Registrar's No. *322*

WENDED

1. PLACE OF DEATH a. COUNTY <i>Cole</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City</i>		Length of stay in 1b	c. CITY OR TOWN <i>Jefferson City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>501 East Capitol Avenue</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>MRS. MARY ELIZABETH IRWIN</i>			4. DATE OF DEATH Month Day Year <i>November 21, 1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-13-1883</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own</i>	11. BIRTHPLACE (City and state or country) <i>Aspen, Colorado</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Jasper Bledsoe</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Moser</i>		14. NAME OF HUSBAND OR WIFE <i>Thomas H. Irwin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT Address <i>Mr. T. H. Irwin 501 E. Capitol J. C., Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *arteriosclerotic heart disease*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH
8 yrs

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 *2-26-51* to *11-21-59* and last saw her ^{her} alive on *11-19-59*
Death occurred at *11:30* ^Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Carl P. Boyd, M.D.

22b. ADDRESS
Jeff. City, Mo.

22c. DATE SIGNED
11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Nov. 24, 1959

23c. NAME OF CEMETERY OR CREMATORY
Riverview Cemetery

23d. LOCATION (City, town, or county)
Jefferson City, Mo.

24. FUNERAL DIRECTOR'S ADDRESS
Victor Buesche JCMO

25. DATE RECD. BY LOCAL REG.
23 November 1959

26. REGISTRAR'S SIGNATURE
R. P. Davis MD - Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Lynd

VS DEC 3 1959

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jemo

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.