

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23511

State File No.

FILED JUL 20 1948

Registration District No. 585

Primary Registration District No. 3039

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 weeks - 3 days years, months or days)

3: (a) PRINT FULL NAME Robert Thomas Girvin

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed

6. (b) Name of husband or wife Ellam Girvin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 14 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>1</u>	hr. min.

9. Birthplace Rockford Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name John Girvin 4

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Jane Nelson 4

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Julian

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof June 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) June 6 48 (b) Mary Jane Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 58
(c) City or town Marceline
(If outside city or town limits, write "RURAL")

(d) Street No. 228 E Chicago
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1948 hour 9 minute 45 P

21. I hereby certify that I attended the deceased from June 7
1948 to June 15 1948
that I last saw him alive on June 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion & medullary failure
Due to Atherosclerosis

Duration

8 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations MI

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature John Otis Carter (M. D. or other) D.O.

Address 24 West R. Street, Marceline Mo Date signed June 17 48

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

**DISTRICT HEALTH OFFICE
Camden, Md.**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Dele Bunch*

Licensed Embalmer No. *4088*

P. O. Address *Maryland Md*

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.