

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR. IRWIN **1122**  
State File No. ....

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1011 W. WALNUT</b>		d. STREET ADDRESS (If rural, give location) <b>1011 W. WALNUT</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>L.</b>	c. (Last) <b>THARP</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 2 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 14 1894</b>	9. AGE (In years last birthday) <b>58</b>	10. MONTH <b>58</b>	11. YEAR <b>58</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CITY FIREMAN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OREGON COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CHARLES H. THARP</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZA JONES</b>	14. NAME OF HUSBAND OR WIFE <b>GRACE M. THARP</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GRACE M. THARP</b>	ADDRESS <b>SPRINGFIELD, MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		<b>4 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>General Paralysis &amp; Insanity</b>		<b>2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<b>1 year.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1, 1952, to 1-31, 1953, that I last saw the deceased alive on 2-1, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J.R. Irwin</i> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>709 E Elm Springfield, Mo</b>	23c. DATE SIGNED <b>2-2-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/4/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>2-2-53</b>	REGISTRAR'S SIGNATURE <i>Carth Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

FEB 24 1938

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 .....  
Student Embalmer

Signed *Walt E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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 this body is not embalmed, fact should be so stated above.