

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

FILED MAR 30 1949

State File No. **9654**

No. 300
10.48

929

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BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St Charles Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) A	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Harrison	c. (Last) Irwin	4. DATE OF DEATH (Month) (Day) (Year) March 19 1949
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb II 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Troy Mo	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Freemond Irwin	13b. MOTHER'S MAIDEN NAME Mary C Hussmann	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Chas Reynolds Hawk Point Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c)		1 yr +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **May**, 19**48**, to **March**, 19**49**, that I last saw the deceased alive on **5-19**, 19**49**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond A. Huges Jr. D.O.	23b. ADDRESS Wright City, Mo.	23c. DATE SIGNED 3-21-49
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24a. BURIAL, CREMATION, REINTERMENT BURIAL	24b. DATE March 22 49	24c. NAME OF CEMETERY OR CREMATORY Indian Camp Cem	24d. LOCATION (City, town, or county) (State) Lincoln Co Mo
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DATE REC'D BY LOCAL REG. 3-25-49	REGISTRAR'S SIGNATURE Francis Hussmann	25. FUNERAL DIRECTOR'S SIGNATURE Heberg F & U Co	ADDRESS Wright City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 91
License File Number 3-29-49
Date Filed

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, of _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City, 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.