

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 11 1949

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5065 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL OZARK TWSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL OZARK TWSP.	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 2 mi. North & 1/4 East of Mindenmine	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			

3. NAME OF DECEASED (Type or Print) JESSIE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17 1949		
a. (First)		b. (Middle)		c. (Last)	
IRWIN		IRWIN		IRWIN	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 8, 1901	9. AGE (In years last birthday) 48	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MILO, MISSOURI	
13a. FATHER'S NAME OBADIAH COLEMAN			13b. MOTHER'S MAIDEN NAME AMANDA WALTZ		14. NAME OF HUSBAND OR WIFE ORVILLE IRWIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ORVILLE IRWIN, ROUTE #2, Mulberry, Ks.	
15. (If yes, give war or dates of service)		17. ADDRESS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 7 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension			2 yrs.
		DUE TO (c) Interstitial Nephritis			3 yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Overweight Condition			442X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)
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?

22. I hereby certify that I attended the deceased from Jan. 23, 1946 to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Kneeland, D.O.	23b. ADDRESS Liberal, Mo.	23c. DATE SIGNED 6-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 19, 1949	24c. NAME OF CEMETERY OR CREMATORY BICKETT CEMETERY
24d. LOCATION (City, town, or county) (State) MILO, MISSOURI		

DATE REC'D BY LOCAL REG. June 27, 1949	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME	ADDRESS LAMAR, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side) *Paul F. Konantz*

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

RECEIVED

District Health Officer No. 6,

District File Number 741-766

Date Filed 7-6-49

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.....

WALTER J. KONANTZ

Student Embalmer No. 319

working under my personal supervision.

Signed.....

Walter J. Konantz
Student Embalmer

Signed.....

Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.