

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3 Rural (Blue)	
c. LENGTH OF STAY (in this place) 49 yrs		d. STREET ADDRESS (If rural, give location) 9140 Wilson Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 9140 Wilson Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Wilson	c. (Last) Irwin	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 23, 1873	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Mt. Washington Cem.	11. BIRTHPLACE (State or foreign country) Callao, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William T. Irwin	13b. MOTHER'S MAIDEN NAME Nancy Jane Brown	14. NAME OF HUSBAND OR WIFE Della Lee Irwin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 496-10-1827	17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Lee Irwin, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis - Edema 2 years		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			4201

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)	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 Jan, 1949, to 2-1, 1950, that I last saw the deceased alive on 12-16, 1949, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Fred J. Zammer Do	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 2/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City 3, Mo.
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DATE REC'D BY LOCAL REG. Feb 3 1950	LOCAL REGISTRAR'S SIGNATURE [Signature]	354	FUNERAL DIRECTOR'S SIGNATURE G. C. Carson	ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 11 RECD

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: *Donald W. Hanks*.....

Licensed Embalmer No. *4528*.....

P. O. Address: *Independence, 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.