

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17135

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crestline 8150</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>ELLIOTT</u> c. (Last) <u>IRWIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUNE 5, 1919</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Roy Irwin</u>	13b. MOTHER'S MAIDEN NAME <u>Violet Shafet</u>	14. NAME OF HUSBAND OR WIFE <u>Eloise Irwin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>Yes No-Ld War II</u>	16. SOCIAL SECURITY NO. <u>491-01-9741</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eloise Irwin, Crestline, Mo.</u>	ADDRESS <u>Crestline, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 Hours</u> <u>68234</u> <u>32</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(CORONER'S INQUEST)</u>		

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 57 N. of Joplin</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JASPER MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 10 1950 12³⁰ m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. D. Daigler M.D. 3 Deputy Coroner</u>	23b. ADDRESS <u>Francis Bldg. Joplin Mo.</u>	23c. DATE SIGNED <u>5/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-15-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Roney Funeral Service, Carl Junction</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

495
0

RECEIVED 5-29-50
Jasper County Health Office

County File Number

Date Filed 5-29-50

MAY 31 1950

AUG 15 1951

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

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working under my personal supervision.

Student Embalmer No.

Signed

Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address

Webb 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.