

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1951

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY OR TOWN <u>Camdenton</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Camdenton</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Claud Mann Home</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wale</u> b. (Middle) <u>Edward</u> c. (Last) <u>Irwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15-1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 21-50</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Letuan MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Clarence Irwin</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Mann Irwin</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Irwin</u> ADDRESS <u>Camdenton MO</u>	

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) <u>Burned to death</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trapped in burning house</u> DUE TO (c) <u>House burned down</u>				<u>See above</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>with</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>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural-Orange Township Camden MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 15 1951 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In burning home</u>	

22. I hereby certify that I attended the deceased from May 15, 1951, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Banksau Woolery Co. Coroner</u>		23b. ADDRESS <u>Camdenton MO</u>		23c. DATE SIGNED <u>May 16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake of the Oaks</u>	
		24d. LOCATION (City, town, or county) (State) <u>Camden MO</u>			
DATE REC'D BY LOCAL REG. <u>May 17-1951</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Banksau-Woolery</u> ADDRESS <u>Camdenton MO</u>	

RECEIVED 5-21-21
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-21-21

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 Alto Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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.