

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

550

State File No.

9

BIRTH NO. 23 16 1952 52 REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4097 Registrar's No.

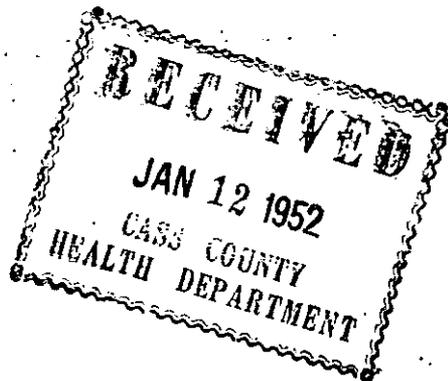
1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>		
b. CITY OR TOWN <u>Harrisonville mo</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 hr.</u>	c. CITY OR TOWN <u>Harrisonville mo.</u>		0191 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>BOBBY</u>			a. (First)	b. (Middle)	c. (Last) <u>IRVIN</u>
4. DATE OF DEATH <u>Jan 8 - 1952</u>			(Month)	(Day)	(Year)
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Jan-8-1952</u>		9. AGE (years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u>5</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Cleveland mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>Billy Irvin</u>		13b. MOTHER'S MAIDEN NAME <u>Vivian Zumbolt</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Adom Cleveland mo.</u> ADDRESS <u>776x</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.					
DUE TO (b) <u>Unknown</u>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>			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) <u>Harrisonville Cass Missouri</u>	
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 <u>Jan. 8, 1952</u> , to <u>Jan. 8, 1952</u> , that I last saw the deceased alive on <u>Jan. 8, 1952</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Louisburg, Kansas</u>		23c. DATE SIGNED <u>1-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Union Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Hamlet, N.E. Cleveland Mo.</u>	
DATE REC'D BY LOCAL REG <u>Jan 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barward 457-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers Cleveland mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
10.48

1910



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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.