S. No. 300
v. 10.48

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43448

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 67

0500

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

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Valle
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen'l Del. DeSoto

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Valle 0500
d. STREET ADDRESS (If rural, give location): Gen'l. Del. DeSoto

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) L. c. (Last) Irwin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept. 26-1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sta. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Flower Mill
11. BIRTHPLACE (State or foreign country): Jefferson Co., Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Nobel Irwin
13b. MOTHER'S MAIDEN NAME: Elizabeth Foster ~~Frazier~~
14. NAME OF HUSBAND OR WIFE: Lucy Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Albert Irwin — ADDRESS: St Louis, Mo.

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, asthenia, 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: 3 days

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. General Infirmities

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3, 1953, *to* Dec. 6, 1953, *that I last saw the deceased alive on* Dec. 4, 1953, *and that death occurred at* 6:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas E. Fullit M.D.
23b. ADDRESS: De Soto, Mo.
23c. DATE SIGNED: 12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-8-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): DeSoto, Mo.

DATE REC'D BY LOCAL REG.: 12-10-53
REGISTRAR'S SIGNATURE: Marie Farris 145.0
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathershead — ADDRESS: DeSoto Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 14 1953

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.