

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11257**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **416**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 30 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	0512 1
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospt.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Evelyn c. (Last) Irwin			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/5/1912		9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Ridgeway, Mo.	
13a. FATHER'S NAME Walter Bartlett			13b. MOTHER'S MAIDEN NAME Carrie Allen		12. CITIZEN OF WHAT COUNTRY? U.S. A.
14. NAME OF HUSBAND OR WIFE Kermit Irwin					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Kermit Irwin, Warrensburg, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 year
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		DUE TO (b) Carcinoma Left Breast			18 mo
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 170X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 3.18.54	19b. MAJOR FINDINGS OF OPERATION generalized Carcinoma - adrenalectomy done		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)		
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?		

22. I hereby certify that I attended the deceased from **3-15, 1954**, to **April 17, 1954**, that I last saw the deceased alive on **12-20-54**, 195-4, and that death occurred at **12:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. M. Wilson M.D.		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 4-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/17/54	24c. NAME OF CEMETERY OR CREMATORY Gallatin Cem.	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	
DATE REC'D BY LOCAL REG. April 23, 1954	REGISTRAR'S SIGNATURE Kather M. Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home ADDRESS 120 Illinois		

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

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 Emile Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.