

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14846**

BIRTH NO. _____ REG. DIST. NO. **3005 27** PRIMARY REG. DIST. NO. **27** Registrar's No. **H 82**

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN BUTLER	c. LENGTH OF STAY (in this town) 170	c. CITY OR TOWN BUTLER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 101 Flo. Street 007/2	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WESLEY	c. (Last) IRVIN	4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 5 - 1873	9. AGE (In years) (last birthday) 81	IF UNDER 1 YEAR	IF UNDER 12 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BATES CO. MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Irvin	13b. MOTHER'S MAIDEN NAME Elizabeth-	14. NAME OF HUSBAND OR WIFE EMMA GRACE IRVIN
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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) no	16. SOCIAL SECURITY NO. 480-10-8000	17. INFORMANT'S SIGNATURE OR NAME Mrs. J W Irvin	ADDRESS Butler Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBAL THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **July 9 1851** to **MAY 9 1954**, that I last saw the deceased alive on **MAY 8 1954**, and that death occurred at **12:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE John M. Cooper M.D.	(Degree or title)	23b. ADDRESS BUTLER, MO	23c. DATE SIGNED 5-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/11/54	24c. NAME OF CEMETERY OR CREMATORY Salem-Bates Co.	24d. LOCATION (City, town, or county) (State) Foster Missouri.
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DATE REC'D BY LOCAL REG. MAY - 11 - 54	REGISTRAR'S SIGNATURE Kendall Kerson	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood	ADDRESS Butler Mo.
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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.....
Signature of Student Embalmer

Signed *Robert G. Steinbach*

Licensed Embalmer No. 4657

P. O. Address Butler M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.