

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Near Belgrade 1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wade</u> b. (Middle) <u>Irwin</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1954</u>
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5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 12 1866</u>	9. AGE (in years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Shoe worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Baracks Mo. U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Irwin</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Jones</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Effie W. Richmond</u>	ADDRESS <u>Caldonia</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>9 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial pneumonia</u>		<u>4 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 7-8 1954, to 7-16, 1954, that I last saw the deceased alive on 7-16, 1954, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. [Signature]</u>	(Degree or title) <u>9</u>	23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>7/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 20, 1954</u>	REGISTRAR'S SIGNATURE <u>Gather P. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ms. Luther Spahr</u>	ADDRESS <u>Potosi Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Murphy L. Sparks*.....

Licensed Embalmer No. *4236*.....

P. O. Address *Flax Run*.....

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.