

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26228

State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler Missouri</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		• STREET ADDRESS (If rural, give location) <u>101 Flo St. Butler Mo. 00 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Grace</u> c. (Last) <u>Irvin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16th 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 4 1877</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Seymour Cobb</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hopkins</u>	14. NAME OF HUSBAND OR WIFE <u>John W Irvin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S Ray Irvin-DesMoines Iowa</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thyroid hyperplasia</u> DUE TO (c) <u>Hypertension Heart Disease</u> 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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>Butler Bates Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> 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 <u>Aug 16, 1954</u> to <u>Aug 16, 1954</u> , that I last saw the deceased alive on <u>Aug 16, 1954</u> , and that death occurred at <u>10:20 m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles A. Lusk Jr.</u>		23b. ADDRESS (Degree or title) <u>M.D. State Bk Bldg. Butler, Mo</u>	23c. DATE SIGNED <u>Aug 18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Foster, Bates Co Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 18-54</u>	REGISTRAR'S SIGNATURE <u>Kimball Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u>	ADDRESS <u>Butler Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *John J. Anderson*.....

Licensed Embalmer No. *358*

P. O. Address *Butler*.....

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.