

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30643

State File No. 4415

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4415</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (In this place) <u>10 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1016 Olive</u> | | | | STREET ADDRESS (If rural, give location) <u>17 1016 Olive</u> <u>21780</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dave</u> | | b. (Middle) _____ | | c. (Last) <u>Irving</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>June 7, 1911</u> | |
| 9. AGE (In years last birthday) <u>43</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 11 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SEWER Sewer Department</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Natchez, Miss.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>George Irving</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Helen Irving</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>425-28-2884</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Irving</u> | | | | ADDRESS <u>1016 Olive</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, ashenia, 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> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive myocarditis 1 yr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma.</u> <u>4201</u> <u>2 yrs.</u> | | | |
| 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) _____ | | 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 <u>9-8-1954</u> to <u>9-15-1954</u> , that I last saw the deceased alive on <u>9-15-1954</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. A. Love, M.D.</u> | | | | 23b. ADDRESS <u>1820 N. 3rd St. K.C. Kan</u> | | 23c. DATE SIGNED <u>9-17-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>9-18-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Natchez, Miss</u> | |
| DATE REC'D BY LOCAL REG. <u>9-17-54</u> | | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bros. Funeral Home 18th & Benton</u> | | | |

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..... *Bruce A. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Street*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.