

No. 300
10-48

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4076**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Poplar Bluff	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. Route #4 Poplar Bluff		e. STREET ADDRESS (If rural, give location) Route #4	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) B. c. (Last) Irby			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1955		
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5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1876	9. AGE (In years last birthday) 79	10. MONTHS UNDER 1 YEAR 1	11. DAYS UNDER 1 YEAR 7	12. HOURS UNDER 24 HRS. 7	13. MIN. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Landscape gardener		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Haven Rock, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Isaac Irby		13b. MOTHER'S MAIDEN NAME Edith Rayburn		14. NAME OF HUSBAND OR WIFE Rosa Clawson Irby	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-18-3123	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosa Irby Poplar Bluff, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-intestinal hemorrhage			3 weeks
	DUE TO (c) Cause unknown.			
	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 578X		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)	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 **Nov 23, 1954**, to **8 Feb, 1955**, that I last saw the deceased alive on **Feb 8, 1955**, and that death occurred at **3:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or title) Cyril A Post M.D.	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED Feb 18, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-55	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 7/19/55	REGISTRAR'S SIGNATURE [Signature] 487	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 20 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

--- 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 _____

Licensed Embalmer No. 294

P. O. Address Poplar Bluff

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.