

No. 300  
10. 48

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5932

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b>		b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. FRANCOIS TWP.</b>		c. LENGTH OF STAY (in this place) <b>20 mins.</b>		c. CITY OR TOWN <b>FARMINGTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEO. HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>411 S. LANG</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>JEHU</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>IRWIN</b>	(Month) <b>FEBRUARY</b>	(Day) <b>11</b>	(Year) <b>1955</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCTOBER 22, 1876</b>	9. AGE (In years last birthday) <b>78</b>	# UNDER 1 YEAR <b>3</b>	# UNDER 1 MONTH <b>19</b>	# UNDER 1 HRS. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLASTERER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SELF-EMPLOYED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PARKHILL, CANADA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>RICHARD W. IRWIN</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH VAN MARK</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA IRWIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>495-16-4346</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Irwin</b>	ADDRESS <b>Farmington</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CIRCULATORY FAILURE</b>		Mo. <b></b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 HR.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>ACUTE CORONARY INFARCTION</b>			<b>2 HR.</b>
	DUE TO (c) <b>ARTERIOSCLEROSIS</b>			<b>10 YRS.</b>
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 <b>4201</b>	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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-3**, 19**55**, to **2-11-55**, 19**55**, that I last saw the deceased alive on **2-11-55**, 19**55**, and that death occurred at **9:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul G. Edgar, M.D.</b>	23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>2-11-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/14/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 11, 1955</b>	REGISTRAR'S SIGNATURE <b>Catherine Kudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home</b>	ADDRESS <b>Farmington, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Paul K. Dugal*.....

Licensed Embalmer No. *4120*.....

P. O. Address *Farmington*.....

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.