

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22573

State File No.

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|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>285</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Joplin</u>) | | c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | c. CITY OR TOWN <u>Carl Junction, Rl.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0499</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>2 Miles West of Carl Junction, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>HAROLD</u> | | b. (Middle) <u>CARL</u> | | c. (Last) <u>IRWIN</u> | |
| 4. DATE OF DEATH | | (Month) <u>July</u> | | (Day) <u>11</u> | | (Year) <u>1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>12-13-1923</u> | |
| 9. AGE (In years last birthday) <u>31</u> | | IF UNDER 1 YEAR Month <u>6</u> Day <u>28</u> | | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carl Junction R 1, Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. Company</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Roy Irwin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Violet Shafer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edna Irwin</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>497-12-4327</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Irwin, Carl Junction, Mo/Rl.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fall from Electric Pole</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of skull, 2 + 3 c vert. above fracture ribs.</u> 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>Possible Heat? 9025</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>very short.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>45</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Electrical Pole Street</u> | | 21b. PLACE OF INJURY (e.g., in or about home, in car, on street, office bldg., etc.) <u>Joplin, Jasper Mo.</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Joplin, Jasper</u> | | (STATE) <u>Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-11-55 3:30 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW INJURY OCCURRED <u>Fell from Electric Pole.</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>did not attend</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-11-55</u> , 19 <u>55</u> , and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. L. Ferguson M.D.</u> | | | | 23b. ADDRESS <u>Trisco Bldg., Joplin, Mo.</u> | | 23c. DATE SIGNED <u>July 11</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u> | | 24b. DATE <u>7-15-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-15-55</u> | | EMBALMER'S SIGNATURE <u>James J. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Don ...</u> | | ADDRESS <u>Carl Junction, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 88-1-487
Date Filed JUL 19 1955

FEB 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Amie
Licensed Embalmer No. 44

P. O. Address W.H. Co

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