

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40647

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5532

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 37 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration		e. STREET ADDRESS (If rural, give location) 6133 Oak	
3. NAME OF DECEASED a. (First) GEORGE		b. (Middle) P.	c. (Last) IRVINE
4. DATE OF DEATH (Month) (Day) (Year) December 16, 1955			
5. SEX 2 male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-22-92
9. AGE (In years of birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Beaumont, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Irvine		13b. MOTHER'S MAIDEN NAME Nannie Boggs	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME files of the Veterans Administration
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 Carcinoma of prostate with metastases	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		177X	
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 March 7, 1955 , to December 16, 1955 , and that death occurred at 12:30p m., from the causes and on the date stated above.			
23a. SIGNATURE Diane Brubaker, M.D. (Degree or title) 0		23b. ADDRESS VAH, Kansas City, Missouri	23c. DATE SIGNED 12-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/20/55	24c. NAME OF CEMETERY OR CREMATORY Oswego Cemetery, Kansas	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 12-20-55	REGISTRAR'S SIGNATURE Neva Minshel	25. FUNERAL DIRECTOR'S SIGNATURE C.E. Lewis ADDRESS 1415 Truman St.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Name of Deceased _____
 Address of Deceased _____
 Date of Death _____
 Cause of Death _____
 Place of Death _____
 Name of Embalmer _____
 Address of Embalmer _____
 Date of Embalming _____
 Name of Student _____
 Address of Student _____
 Date of Embalming _____
 Name of Student _____
 Address of Student _____

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 Landis H. Jackson
 Licensed Embalmer No. 48
 P. O. Address L. O.

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.