

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1956

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4312 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>NO DAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NO DAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BURLINGTON JCT</b>		c. LENGTH OF STAY (in this place) <b>62 YRS</b>	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. <b>AT HIS HOME</b>		e. STREET ADDRESS (If rural, give location) <b>0740</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HARRY</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>IRVINE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 14, 1956</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 25, 1893</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>	IF UNDER 2 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PLUMBER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PLUMBING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BURLINGTON JCT. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>RANSOM D IRVINE</b>	13b. MOTHER'S MAIDEN NAME <b>EDNA MAE HAMBLEN</b>	14. NAME OF HUSBAND OR WIFE <b>ORA PALMISTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS ORA IRVINE</b>	ADDRESS <b>BURLINGTON JCT. Mo</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>Bronchopneumonia, left</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Fracture 10th left rib</b>		<b>72 hrs</b>
	DUE TO (b) <b>Parkinson's Disease</b>		<b>15 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>Spa</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Burlington Jct, NoDaway Mo</b> (STATE) <b>Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 11 1956 11:00 am</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell out of chair</b>
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22. I hereby certify that I attended the deceased from **Jan 8 1956** to **1-14 1956**, that I last saw the deceased alive on **1-13 1956**, and that death occurred at **5:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edna May Hamblen</b>	(Degree or title) <b>Wife</b>	23b. ADDRESS <b>Manville, Mo</b>	23c. DATE SIGNED <b>Jan 20, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-18-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OHIO CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BURLINGTON JCT MO</b>
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DATE REC'D BY LOCAL REG. <b>1-28-56</b>	REGISTRAR'S SIGNATURE <b>Kess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. A. Burl. Jct Mo</b>	ADDRESS <b>Burl. Jct Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 18 1953

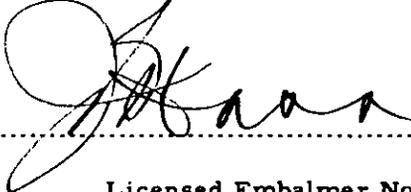
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STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No. 296  
P. O. Address: Burlingame, Mo.

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.