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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. 3990

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY GALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	
c. LENGTH OF STAY (In this place) 8 YEARS		d. STREET ADDRESS (If rural, give location) 2143 333 EAST 6th, STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 East 6th St			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) (IRVIN) c. (Last) (IRVIN)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 19 56.		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) FLORIDA MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ISAAC CAMPLIN	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE FRANK IRVIN, DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. DC.	17. INFORMANT'S SIGNATURE OR NAME Olda Farrar, Bradenton	ADDRESS 331x
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH Immediate
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 19 55, to Feb 19 56, that I last saw the deceased alive on Feb 15 1956, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE James E. Hise (Degree or title) MD	23b. ADDRESS 607 East Fulton	23c. DATE SIGNED 2-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 24, 56	24c. NAME OF CEMETERY OR CREMATORY SOUTH SIDE CEMETERY
24d. LOCATION (City, town, or county) (State) FULTON, MISSOURI		

DATE REC'D BY LOCAL REG. Feb 25-1956	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Harry T. Bell	ADDRESS Fulton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1958

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
Student Embalmer

Signed *Harry H. Bell*
HARRY H. BELL

Licensed Embalmer No. **4867**

P. O. Address **FULTON, MISSOURI.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.