

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28004

State File No.

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4407 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. CITY OR TOWN <u>Lowry City</u>	d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>2920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Todd's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Luella</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Irvin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr; 5, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County Mo;</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eliza Hinkle</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle James, Osceola Missouri</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PARKINSON SYNDROME</u>		
19a. DATE OF OPERATION <u>7-10-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>FRACTURE RT. FEMUR</u>	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>LOWRY CITY ST. CLAIR MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 9 56 P. M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FALL AT HOME</u>
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22. I hereby certify that I attended the deceased from 6-1-1956, to 7-28, 1956, that I last saw the deceased alive on 7-28, 1956 and that death occurred at 5:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Y. Shipman, D.O.</u>	23b. ADDRESS <u>Osceola, Mo.</u>	23c. DATE SIGNED <u>7-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lowry city</u>	24d. LOCATION (City, town, or county) (State) <u>Lowry city mo</u>
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DATE REC'D BY LOCAL REG. <u>8-18-56</u>	REGISTRAR'S SIGNATURE <u>Keith Beecher</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Edward J. Jones</u>	ADDRESS <u>Osceola</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28004

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.....
J. B. [Signature]

Licensed Embalmer No. *3078*

P. O. Address *Essex, N.J.*

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.