

THE GREAT CITY OF JEFFERSON
STANDARD CERTIFICATE OF DEATH

30211

STATE FILE NUMBER

FILED OCT 5 1956

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Iberia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Mary's Hospital			Length of stay in lb two wks		d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last EARL IRWIN				4. DATE OF DEATH Month Day Year October 2nd 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 17th 1892		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Miller County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John L. Irwin				14. MOTHER'S MAIDEN NAME Hopkins (Anna)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Clinton J. Casey Long Beach, Calif.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic lymphatic leukemia							INTERVAL BETWEEN ONSET AND DEATH 8 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ? ? DUE TO (c) P P							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2040							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 12, 1956 10/2/56 and last saw her alive on 10/2/56. Death occurred at 5 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. P. J. ...				22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 10/3/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/5/56	23c. NAME OF CEMETERY OR CREMATOR Iberia Cemetery		23d. LOCATION (City, town, or county) (State) Iberia, Missouri		
24. FUNERAL DIRECTOR ADDRESS Tanner Funeral Home Jefferson City Mo				25. DATE RECD. BY LOCAL REG. 3 October 1956		26. REGISTRAR'S SIGNATURE R.P. J. ...	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0987 9 1964

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 
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson Ci
Missouri

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.