THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38070

STATE FILE NUMBER 4882

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Restorium — Length of stay in Hospital 2 yrs. 8 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kans. b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS 315 No. 17th St. (If outside, give location) — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print): First Mrs. Margaret Middle Madaline Last Irwin

4. DATE OF DEATH Month 11 Day 12 Year 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED X 2 DIVORCED
8. DATE OF BIRTH 5-12-~~1879~~ 1870
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Belfast, Ireland 4
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hutchinson
14. MOTHER'S MAIDEN NAME Mary Jane Eden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. ------
17. INFORMANT Daughter, Miss Madaline Irwin, Address Kansas City, Ks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) —
420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from Jan 56 to Nov 12, 56 and last saw him alive on Nov. 12, 1956
Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE K. L. Shireman (Degree or title) MD
22b. ADDRESS 4606 St John Ave KCMo
22c. DATE SIGNED 11-12-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-14-56
23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Kans.

24. FUNERAL DIRECTOR Ralph A. Fulton ADDRESS Kansas City, Kans.
25. DATE RECD. BY LOCAL REG. 11-12-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Fu

Licensed Embalmer No. 3

P. O. Address K C K

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.