

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1633**

FILED FEB 13 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 57

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		d. STREET ADDRESS <b>515 JACKSON AVE.</b>	
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>MAY</b> Last <b>IREY</b>		4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 12, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>LYNDON, KANSAS</b>
13a. FATHER'S NAME <b>FRANK M. REBEN</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA PLOWMAN</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE W. IREY</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>GEO. W. IREY, 515 JACKSON; JOPLIN, MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sub-phrenic abscess</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of colon</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1538</b>			INTERVAL BETWEEN ONSET AND DEATH <b>one week</b>  <b>one year</b>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>Nov. 29, 1957</b> to <b>Feb. 3, 1958</b> and last saw <sup>her</sup> him alive on <b>Feb. 3, 1958</b> Death occurred at <b>12:05</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Steve Parker</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>607 Frisco Bldg. Joplin, Mo.</b>	22c. DATE SIGNED <b>2-4-58</b>
23a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	23b. DATE <b>Feb. 7-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Waverly, Kansas Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>WAVERLY, KANSAS</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 7-1958</b>	26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i>

County File Number  
Date Filed FEB 11 1958

FEB 13 1958

MAR 26 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 .....  
Signature of Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin 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.