

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032744

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4395

S. 300  
y. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2731 CAMPBELL		d. STREET ADDRESS (If outside, give location) 2731 CAMPBELL	
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL RAY IRVING		4. DATE OF DEATH SEPT. 14, 1958	
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 AUG. 8, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V.P. IRVING MFG. Co		10b. KIND OF BUSINESS OR INDUSTRY STEEL	11. BIRTHPLACE (City and state or country) KANSAS City, Missouri
13a. FATHER'S NAME HAROLD B. IRVING		13b. MOTHER'S MAIDEN NAME DOLORES ISHAM	14. NAME OF HUSBAND OR WIFE MARILYN C. IRVING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-38-1244	17. INFORMANT MARILYN C. IRVING - KANSAS CITY, MO. Address 2731 CAMPBELL
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) End Stage Kidney due to chronic bilateral pyelonephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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)			INTERVAL BETWEEN ONSET AND DEATH 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 <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 5-26-58 to 9-14-58 and last saw her alive on 9-8-58 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 John H. Wheeler (Degree or title)		22b. ADDRESS M.D. 411 Nichols Road, K. C. Mo.	22c. DATE SIGNED 9-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-16-1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS-KANSAS CITY, MO. ADDRESS 1337 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 9-16-58	26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE John H. Wheeler



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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KC 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.