

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021450

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2987

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		Length of stay in lb 35 yrs	d. STREET ADDRESS 3505 E. 34th. St.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle IRWIN Last IRWIN			4. DATE OF DEATH JUNE 17, 1959		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1890		9. AGE (In years last birthday) 68 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Plumersville, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank McCoy			14. MOTHER'S MAIDEN NAME Jennie Williams		
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. 488-36-7356	17. INFORMANT Address Juanita McCoy 3505 E. 34th St.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COMPLETE ATELECTASIS OF THE RIGHT LUNG MARKED HYDROTHORAX, BILATERAL METASTATIC CARCINOMA OF THE BREAST, LEFT: PLEURA & LUNG		INTERVAL BETWEEN ONSET AND DEATH 170X
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. PREVIOUS RADICAL MASTECTOMY FOR CARCINOMA OF THE RT. BREAST WITH METASTASIS OF THE LUMPH NODES, AXILLARY		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 7:40 p.m. Month 5/13/59 Day 10 Year 1959		
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 Jackson Mo
21. I attended the deceased from 5/13/59 to 6/17/59 and last saw her alive on 6/12/59 Death occurred at 7:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deedee or title) L. W. Turner	22b. ADDRESS 1612 E 12	22c. DATE SIGNED 6/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-22-59	23c. NAME OF CEMETERY OR CREMATORY Leavenworth, Kans.	23d. LOCATION (City, town, or county) (State) Leavenworth Kans.
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 6-18-59	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. W. Turner

Coroner cannot certify to a death due to natural causes.

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..... *Bence R. Watkins*

Licensed Embalmer No.....

P. O. Address..... *18th*

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.