URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009885
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 19 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Mo. Medical Records
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Carl Junction
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt #1.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Orville Middle: DeLaskes Last: Irwin
4. DATE OF DEATH: Month 3 Day 27 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-13-06
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Dan Irwin
13b. MOTHER'S MAIDEN NAME: Lottie Bates
14. NAME OF ~~HUSBAND~~ OR WIFE: Mary Irwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: University of Mo. Medical Records Address

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): Ca of Lung c̄ widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: Jan 1960
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 5
DUE TO (c): March 27 1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cardiac arrhythmia - digitalis induced

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 COUNTY STATE

21. I attended the deceased from March 26, 1960 to March 27 and last saw her/him alive on March 26 1960
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Michael J Anajian M.D.
22b. ADDRESS: U. of Mo. Medical Center
22c. DATE SIGNED: 3/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-27-1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Carl Junction Mo
23d. LOCATION (City, town, or county) (State): Webb City, Mo
24. FUNERAL DIRECTOR: Parker Funeral Service
ADDRESS: Columbia Mo
25. DATE RECD. BY LOCAL REG.: March 27, 1960
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

APR 7 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J W Shellin

Licensed Embalmer No. 4897

P. O. Address Columbia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.