JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009972
STATE FILE NUMBER

FILED VS MAR 28 1960 042 Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 357

INDED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Joseph
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Meth Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: William Middle: Sampson Last: Irons
4. DATE OF DEATH: Month 3 Day 18 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-13-59
9. AGE (last birthday): 1
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): Child.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Kansas City Mo
12. CITIZEN OF WHAT COUNTRY: ___
13a. FATHER'S NAME: Wm Edward Irons
13b. MOTHER'S MAIDEN NAME: Loretta M. Hernandez
14. NAME OF HUSBAND OR WIFE: none
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: Wm E. Irons Address: Rt 2. Bower Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bilateral Virus Pneumonia —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fulminating
DUE TO (c): ___
INTERVAL BETWEEN ONSET AND DEATH: 2-3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 3-18-60 to 3-18-60 and last saw ~~her~~ him alive on 3-18-60
Death occurred at 5 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P.T. Luckenbill (Degree or title) MD
22b. ADDRESS: Plattsburg, Mo.
22c. DATE SIGNED: 3-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-21-60
23c. NAME OF CEMETERY OR CREMATORY: White Chapel M.G.
23d. LOCATION (City, town, or county) (State): Clay Co. Mo.

24. FUNERAL DIRECTOR: D. W. Newcomer Son ADDRESS: Y.K.P. Mo.
25. DATE RECD. BY LOCAL REG.: Mar 22, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF P.T. Luckenbill M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John V. Lerick, Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4848

P. O. Address K. C. 17, Mo.

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.