

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005378

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 805 STATE FILE NUMBER

**FILED VS MAR 3 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Jackson City Length of stay in 1b 1 yr.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Jackson  
 c. CITY OR TOWN Jackson City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7808 E. 113th. Terr. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Robert Kemp Middle Irwin Last Irwin 4. DATE OF DEATH Month 2 Day 13 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-30-1883 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Clarksburg, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Ace Irwin 13b. MOTHER'S MAIDEN NAME Nancy Allee 14. NAME OF HUSBAND OR WIFE Clara Irwin

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. 17. INFORMANT Ila Fern Irwin Address 7808 E. 113th. Terr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary Embolism  
 DUE TO (b) Myocardial Infarction  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Pancreatitis  
 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 \_\_\_\_\_ 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 \_\_\_\_\_ to 2-13-61 and last saw him alive on 2-13-61  
 Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2400 Cherry St. 22c. DATE SIGNED 2/14/61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-15-61 23c. NAME OF CEMETERY OR CREMATORY Linn Creek Cem. 23d. LOCATION (City, town, or county) Camdenton, Mo.

24. FUNERAL DIRECTOR Reed Mortuary, Camdenton, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 2-15-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. Frank Ellis

**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 *John R. Fulmer*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.