MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013789
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1601

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b ~~52 yrs~~ 4 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINDEMAN McCARTY N.H.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~MISSOURI~~ KANSAS
b. COUNTY ~~JACKSON~~ Johnson
c. CITY OR TOWN ~~KANSAS CITY~~ Mission
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4907 W. 57th Terr.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANK Middle W. Last IRVIN
4. DATE OF DEATH Month MARCH Day 29 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8,11,1873
9. AGE (last birthday) 87
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) RETIRED VICE PRES.
10b. KIND OF BUSINESS OR INDUSTRY H.D. LEE CO. INC.
11. BIRTHPLACE (City and state or country) MANHATTAN KANS.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CHARLES P. IRVIN
13b. MOTHER'S MAIDEN NAME MARGARET BALDERSON
14. NAME OF HUSBAND OR WIFE BERNICE C. IRVIN (DEC.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. JANE HUFFAKER Address 4907 W. 57 TERR.

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) Cerebral Vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Peripheral Arteriosclerosis
DUE TO (c) Generalized Art. Sclerosis.
INTERVAL BETWEEN ONSET AND DEATH
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 Feb-1960 to 3-29-61 and last saw her/him alive on 3-13-61
Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. K. Skillman (Degree or title) M.D.
22b. ADDRESS Kansas City, Mo.
22c. DATE SIGNED 3-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-31-1961
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR GATES F.H. ADDRESS KANSAS CITY, KANSAS
25. DATE RECD. BY LOCAL REG. 3-30-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2 a,b,c	Kansas, Johnson, Mission	Missouri, Jackson, Kansas City	5/29/61
1b	4 months	52 years	5/29/61

BY AFFIDAVIT OF Fun. Dir. DOCUMENT

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 Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Parkville, 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.