MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1961

-61-014419
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE — Length of stay in 1b: 1 WEEK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN CHILLICOTHE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 624 CHERRY ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLIFFORD Middle HERBERT Last IRVIN
4. DATE OF DEATH: Month MAY Day 1 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/31/1887
9. AGE (last birthday): 73
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and state or country): TRIPPEETT, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ASA IRVIN
13b. MOTHER'S MAIDEN NAME: STELLA MADDOX
14. NAME OF HUSBAND OR WIFE: MAUDE E. JARRELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: JOHN IRVIN: CHILLICOTHE, MISSOURI — 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) Acute Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis
DUE TO (c)
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 8-7-59, to 5-1-61 and last saw ~~her~~ him alive on 5-1-61
Death occurred at 12:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Morrell, M.D.
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 5-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: EDGEWOOD CEMETERY
23d. LOCATION (City, town, or county) (State): CHILLICOTHE, MISSOURI
24. FUNERAL DIRECTOR — ADDRESS: NORMAN FUNERAL HOME: Chillicothe, Missouri
25. DATE RECD. BY LOCAL REG.: May 2, 1961
26. REGISTRAR'S SIGNATURE: Amalie Taylor

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JUL 12 1967

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 P. Lodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Missou

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.