

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041770

LED VS DEC 12 1960

137

Primary Registration District No. 4218

Registrar's No. 305

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u>		Length of stay in 1b <u>37 Yrs.</u>		c. CITY OR TOWN <u>Windsor Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Lee</u> Last <u>Irvine</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>2,</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 9, 1901</u>		9. AGE (last birthday) <u>59</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Owner of garage</u>		11. BIRTHPLACE (City and state or country) <u>Bowling Green Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James McBane Irvine</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Lou Hayes</u>			14. NAME OF HUSBAND OR WIFE <u>Pauline Wheeler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>495-36-6561</u>		17. INFORMANT Address <u>Mrs R.L. Irvine Windsor Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis -</u>							INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Memia - pancreatitis</u>							<u>72 hrs.</u>		
DUE TO (c) <u>Post-surgical shock</u>							<u>72 hrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1.) Gastro-intestinal hemorrhage from duodenal ulcer</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11/26/60</u> to <u>12/2/60</u> and last saw him alive on <u>12:20 12/2/60</u> Death occurred at <u>12:20</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Bernard Brock, M.D.</u> (Degree or title)				22b. ADDRESS <u>116 South main Windsor Mo</u>			22c. DATE SIGNED <u>12/2/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>			
24. FUNERAL DIRECTOR <u>Ellis M. Huston</u>		ADDRESS <u>Windsor Mo.</u>		DATE RECD. BY LOCAL REG. <u>Dec. 4, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allis M. Huston

Licensed Embalmer No. 33

P. O. Address Winder

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