

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43506

State File No.

FILED JAN 17 1951

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie, 0671</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>ULLAN</u>		c. (Last) <u>IRBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>12</u> IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>millwork</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>		11. BIRTHPLACE (State or foreign country) <u>Harden Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Irby</u>			13b. MOTHER'S MAIDEN NAME <u>Kellar Edwards</u>			14. NAME OF HUSBAND OR WIFE <u>Trevia Kate Irby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Trevia Kate Irby</u>			ADDRESS <u>East Prairie, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostate Hypertrophy</u> with <u>acute retention</u> DUE TO (b) <u>acute retention</u> DUE TO (c) <u>uremia</u> II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. <u>cardiac failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>610X</u>	
19a. DATE OF OPERATION <u>12-5-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostate Hypertrophy</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-28</u> , 19 <u>50</u> , to <u>12-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>50</u> , and that death occurred at <u>3:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. Seabaugh</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>801 E. Broadway Cape Girardeau Mo</u>		23c. DATE SIGNED <u>1-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-8-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>			FUNERAL DIRECTOR'S SIGNATURE <u>David Shelby</u>			ADDRESS <u>East Prairie</u>	

Delayed for connections.

01640

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

No. No.

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
Student Embalmer

Signed _____

Travis Shelby

Licensed Embalmer No. _____

2726

P. O. Address _____

East Prairie, 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 this body is not embalmed, fact should be so stated above.