

Health, Welfare
Public Service

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

STATE FILE NUMBER 214
REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO. 2791

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 No Lawn	Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 108 No Lawn	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDITH Middle ADELINE Last IRVIN			4. DATE OF DEATH Month 6 Day 11 Year 57		
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/5/1911	9. AGE (In years last birthday) 46	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Windsor, Mo 0	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Albert Ross Watson	13b. MOTHER'S MAIDEN NAME Mary Jane Duncan	14. NAME OF HUSBAND OR WIFE James K. Irvin
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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. 498-16-3752	17. INFORMANT Address James K. Irvin, 108 No Lawn K C Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis	DUE TO (c) Coronary Thrombosis	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		

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 June 11-57 to June 11-57 and last saw ^{her} alive on June 11-57 on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) W. H. Riche M.D.	22b. ADDRESS Independence Mo	22c. DATE SIGNED 6-12-57
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23a. BURIAL, CREMATION, (REMOVAL) (Specify) Burial	23b. DATE 6/14/57	23c. NAME OF CEMETERY OR CREMATORY Windsor	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
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24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home, K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-14-57	26. REGISTRAR'S SIGNATURE Reva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. H. Riche

All diseases in Part I must be causally related.

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 *Thomas A. Shil*

Licensed Embalmer No. *4954*

P. O. Address *K. C. Mills*

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.