

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039786

FILED VS. NOV 3 0 1959

137

Primary Registration District No. 3023

Registrar's No. 292

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Henry</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clinton</i>		Length of stay in 1b <i>1 day</i>		c. CITY <i>Clinton Mo RFD 2</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton Gen. Hosp.</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>Leesville twp.</i>		
3. NAME OF DECEASED (Type or print) First <i>ROBERT</i> Middle <i>R</i> Last <i>IRWIN</i>				4. DATE OF DEATH Month <i>NOV.</i> Day <i>23</i> Year <i>1959</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4-8-1900</i>		
9. AGE (last birthday) <i>59</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>16</i>		IF UNDER 24 HR Hours <i>-</i> Min. <i>-</i>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cement Finisher</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Cement Finisher</i>			11. BIRTHPLACE (City and state or country) <i>New Castle Penn.</i>		
12. CITIZEN OF WHAT COUNTRY <i>USA</i>			13a. FATHER'S NAME <i>Robt. M Irwin</i>		13b. MOTHER'S MAIDEN NAME <i>Rose A Brophaw</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>495-03-9132</i>		15. INFORMANT Address <i>Mr Dan Hammonds Clinton Mo RFD 2</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRONCHIAL PNEUMONIA</i>							INTERVAL BETWEEN ONSET AND DEATH <i>3 WKS.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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. <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 checked="" 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 <i>NOV. 22, 1959</i> to <i>NOV. 23, 1959</i> and last saw ^{her} him live on <i>NOV. 23, 1959</i> Death occurred at <i>7:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Hugh B. Walker, MD</i>				22b. ADDRESS <i>Clinton, Mo.</i>			22c. DATE SIGNED <i>24 NOV. 1959</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>11-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Parks Chapel</i>		23d. LOCATION (City, town, or county) (State) <i>Henry County MO</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Schaberg Funeral Home Clinton Mo</i>			25. DATE RECD. BY LOCAL REG. <i>Nov. 26-1959</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 4 1989

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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton

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.