

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2069

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>California</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		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILFORD FREEMAN IRWIN</u>			4. DATE OF DEATH Month Day Year <u>Jan 17 1958</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>Feb. 10 - 1916</u>		9. AGE (In years last birthday) <u>41</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>7</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacture food products</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gray Mo.</u>	11. BIRTHPLACE (City and state or country) <u>Gray Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Edwin</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Krueger</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lou Muttli Edwin</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 2nd world war</u>		16. SOCIAL SECURITY NO. <u>487-20-7077</u>			17. INFORMANT Name <u>Mary Lou Edwin</u> Address <u>California Mo.</u>	
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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) <u>Coronary Thrombosis</u> Interval between onset and death <u>10 minutes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Sclerosis</u> Interval between onset and death <u>6 mos.</u> DUE TO (c) _____			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4251</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____ Month _____ Day _____ 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
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21. I attended the deceased from 1-17-58 to 1-17-58 and last saw ^{her}him alive on 1-17-58
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Loren M. Gallagher</u> (Degree or title)		22b. ADDRESS <u>California Mo.</u>		22c. DATE SIGNED <u>1-25-58</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>1-20-1958</u>	<u>Robb's Cemetery</u>	<u>California</u>	<u>Mo.</u>

24. FUNERAL DIRECTOR <u>Hugh E. Williams</u> ADDRESS <u>California Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-58</u>	26. REGISTRAR'S SIGNATURE <u>W. H. Pappas</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 13 1958

MAR 12 1958

JAN 27 1958

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 *Hugh E. Helman*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.