

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37082

State File No. \_\_\_\_\_

4692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>	
c. LENGTH OF STAY (In this place) <b>3 1/2 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>219 West Pine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EVA</b> b. (Middle) <b>Eyre</b> c. (Last) <b>IRELAND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6, 1950</b>		
---	--	--	---	--	--

5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>4-28-1875</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
----------------------	--	-------------------------------	--	---	--	-----------------------------------	--	---	--	-----------------------------	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
--	--	--	-----------------------------------	--	--	---	--	--	---	--	--

13a. FATHER'S NAME <b>L. P. Eyre</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Palmer</b>			14. NAME OF HUSBAND OR WIFE <b>Jake H. Ireland</b>		
--------------------------------------	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jake Ireland, 219 W. Pine, Warrensburg, Mo.</b>			
---	--	-------------------------------------	--	--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>Chronic Hypertension</b> DUE TO (c) <b>Hypertensive Chronic Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atherosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>20 years</b> <b>5 years</b> <b>10 years</b> <b>2520</b>	
---	--	--	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.				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 Nov 6, 1950, to Nov 6, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 10:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. J. Hunt</b> C. J. Hunt (Degree or title)			23b. ADDRESS <b>2112 1/2 Prop. Bldg</b>			23c. DATE SIGNED <b>11-7-50</b>		
---	--	--	---	--	--	---------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>		24b. DATE <b>11/6/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>			
--	--	--------------------------	--	---	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>11-7-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SWEENEY-PHILLIPS, Warrensburg, Missouri</b>		
---	--	--	--	--	---	--	--

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

Dr. Claude Hunt  
Prof. Bldg.  
Vic 4624

311 2100

DEC 1 1951

FEB 8 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Max E. Meyer*

Licensed Embalmer No. *4555*

P. O. Address *K.C. 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.