

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9245

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 27

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Macon</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Macon</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>20yrs</u>                                    |  | d. STREET ADDRESS (If rural, give location)<br><u>1102 Rutherford St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1102 Rutherford St</u>                 |  |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Terrence</u> b. (Middle) <u>P. Ironoway</u> c. (Last) _____ |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Mar. 7, 1951</u> |  |  |
|--|--|--|---|--|--|

|                       |                                  |  |  |  |  |   |
|-----------------------|----------------------------------|--|--|--|--|---|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>April 7, 1887</u> | 9. AGE (In years last birthday)<br><u>63</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 2 HRS.<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|--|--|--|--|---|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Physician</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Medicine &amp; Surgery</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Bevier, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |
|---|--|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>Daniel Ironoway</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Jane Edwards</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Eva R. Ironoway</u> |
|--|---|---|

|   |                                     |   |                                  |
|---|-------------------------------------|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes</u> <u>W.W.I</u> | 16. SOCIAL SECURITY NO.<br><u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Vernon Lightfoot</u> | ADDRESS<br><u>Salisbury, Mo.</u> |
|---|-------------------------------------|---|----------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>15 months</u>   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u> |  |  |
|   | DUE TO (c) _____   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u> |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.) | 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 1950 to Mar 7, 1951 that I last saw the deceased alive on Mar 1, 1951 and that death occurred at 2:25 p.m., from the causes and on the date stated above.

|  |                   |                                     |                                    |
|--|-------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>D. L. Harlan M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>Clarence Mo.</u> | 23c. DATE SIGNED<br><u>3/12/51</u> |
|--|-------------------|-------------------------------------|------------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>3/9/51</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>East Oak Wood</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Bevier, Mo.</u> |
|---|----------------------------|--|---|

|  |  |     |   |                              |
|--|--|-----|---|------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>3/26/51</u> | REGISTRAR'S SIGNATURE<br><u>Ruth McNeely</u> | 185 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Albert Skinner</u> | ADDRESS<br><u>Macon, Mo.</u> |
|--|--|-----|---|------------------------------|

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

APR 19 1954

APR 19 1954

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.....

*Thos. L. Bolt*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4552*

P. O. Address *Macon, 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.