

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20707**

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **5691** Registrar's No. **10**

580
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson) 0580	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3 miles NW of Laclede	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles NW of Laclede			

3. NAME OF DECEASED (Type or Print) PANSY H. IRICK			4. DATE OF DEATH (Month) (Day) (Year) 6-26-1951		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-23-1881		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 24 HRS. Hours 3 Min.
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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 (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Peter H. White		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or date of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Bowen, Laclede Mo			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				10 years	
		DUE TO (c) Congenitally defected food				4501	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)	
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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?			
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22. I hereby certify that I attended the deceased from **4/18/51**, 19**51**, to **4/26**, 19**51**, that I last saw the deceased alive on **4/26**, 19**51**, and that death occurred at **109 m.**, from the causes and on the date stated above.

23a. SIGNATURE P. W. Bohman (Degree or title) MD		23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 6/27/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-51		24c. NAME OF CEMETERY OR CREMATOR Hale Cemetery		24d. LOCATION (City, town, or county) (State) Hale, Missouri	
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DATE REC'D BY LOCAL REG. June 28-1951		REGISTRAR'S SIGNATURE Chris A. Martens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brothers, Laclede Mo			
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Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1191
Date Filed: JUL 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. R. Wright* _____

Licensed Embalmer No. *4655* _____

P. O. Address *Leeds, 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.