

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30765

FILED OCT 3 1951

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 1299 Registrar's No. 78

5580

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin	c. LENGTH OF STAY (in this place) 20yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Street		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Mike b. (Middle) Jirmars c. (Last) Jirmars			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1951		
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 21, 1871		9. AGE (In years last birthday) 80	10. MONTH 5	11. DAY 28	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Chicago, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Jirmars		13b. MOTHER'S MAIDEN NAME Barbara		14. NAME OF HUSBAND OR WIFE Mary Jirmars	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Jirmars		ADDRESS Bucklin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					
		DUE TO (c)					
		11. 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		332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 9-1, 1951, to 9-19, 1951, that I last saw the deceased alive on 9-16, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Brown M.D.		23b. ADDRESS		23c. DATE SIGNED 9-19-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery		24d. LOCATION (City, town, or county) (State) Bucklin, Mo.	
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DATE REC'D BY LOCAL REG. Sept. 19, 1951		REGISTRAR'S SIGNATURE (Signature) 167		25. FUNERAL DIRECTOR'S SIGNATURE Lanson Funeral Service, By (Signature)		ADDRESS Bucklin, Mo.	
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SEP 5 1958

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Date Received: OCT 1 1958
DISTRICT HEALTH OFFICE #2
District File Number 10-54-1728
Date Filed: OCT 2 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.