

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41335**
Registrar's No. **1097**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>1097</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, North Campbell Twp</u>		TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 6</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route # 6</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATILDA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>IKERD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 31, 1888</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours <u>26</u>		11. BIRTHPLACE (State or foreign country) <u>Webster County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Courtney Wilhite</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Essary</u>			14. NAME OF HUSBAND OR WIFE <u>Harvey Ikerd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Ikerd</u>		ADDRESS <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>					
		ANTECEDENT CAUSES <u>Cardio-Renal-Vascular Disease 2-3 yrs</u>					
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) _____		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>3-31</u> , <u>1951</u> , to <u>12-27</u> , <u>1951</u> , that I last saw the deceased alive on <u>11-26</u> , <u>1951</u> , and that death occurred at <u>1:10a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>12/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ayre-Goodwin Fun'l Service, Spgfld</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

MO.,

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

0340
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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 Harry Olyse

Licensed Embalmer No. 4594

P. O. Address Springfield

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.