

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8810**

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>174246</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Gasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Gasper</u>		b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Carl Junction</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Carl Junction, Mo.</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Carl Junction, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Skinner</u>		(If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <u>211 Skinner</u>		<u>0490</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Edna</u>		b. (Middle) <u>Gertrude</u>		c. (Last) <u>Irelan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1952</u>	
(Type or Print)						5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-23-1906</u>		9. AGE (In years last birthday) <u>45</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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David A Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie McCookle</u>		14. NAME OF HUSBAND OR WIFE <u>Frank W Irelan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-30-7352</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Irelan</u>		ADDRESS <u>917 Main Webb City, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lungs.</u>				<u>14 months.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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					
		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"/>	
				<u>163X</u>			
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)		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>Feb. 11, 1952</u> , to <u>March 18, 1952</u> , that I last saw the deceased alive on <u>March 17, 1952</u> , and that death occurred at <u>1:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Ferguson</u>				23b. ADDRESS <u>110 N. Webb St., Webb City, Mo.</u>		23c. DATE SIGNED <u>3-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-52</u>		REGISTRAR'S SIGNATURE <u>John Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Conroy</u> ADDRESS <u>Carl, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0490
1

RECEIVED 3-24-52
Jasper County Health Office

County File Number 52/3/257

Date Filed 3-24-52

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 myself.

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clayton W. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.