

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33885**

FILED SEP 22 1952

S. No. 300  
EV. 10.48

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>188</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. LENGTH OF STAY (In this place) <b>8 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		<b>1972</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>165 South English</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Curtis</b> b. (Middle) <b>Martin</b> c. (Last) <b>Ireland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8 1868</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>5</b>	IF UNDER 2 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Barbershop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Miami, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Richard Ireland</b>		13b. MOTHER'S MAIDEN NAME <b>Do Not Know</b>		14. NAME OF HUSBAND OR WIFE <b>Mollie Nooe Ireland</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Curtis M. Ireland-Marshall, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> ANTECEDENT CAUSES DUE TO (b) <b>Ca. of Aegmoid.</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Terminal</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? <b>153X</b>		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)		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 <b>July 1951</b> to <b>Sept 12, 1952</b> , that I last saw the deceased alive on <b>Sept 7, 1952</b> , and that death occurred at <b>1:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>Rod M. Leach M.D.</b>			23b. ADDRESS <b>Marshall, Missouri</b>		23c. DATE SIGNED <b>9-13-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bridges Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 15. 1952</b>		REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leach Surrency Marshall, Mo.</b>			

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

1972  
C

(Licensed Embalmer's Statement on Reverse Side)

**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 J. Leslie Swanson  
Licensed Embalmer No. 2235

P. O. Address 74 Marshall, Wyo.

**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.