

REC'D OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34250**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1087</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2603 Faraon Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2603 Faraon Street</u>		d. STREET ADDRESS (If rural, give location) <u>2603 Faraon Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert G</u> b. (Middle) <u>Garfield</u> c. (Last) <u>Irey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 5, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8, 1883</u>	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Liquor Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	11. BIRTHPLACE (State or foreign country) <u>Quincy, Illinois.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Irey</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Mahoney</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Irey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-10-3967</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Irey</u> ADDRESS <u>St. Joseph, Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Less 1 yr</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis over 1 yr</u> 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 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 <u>11-28</u> , 19 <u>51</u> , to <u>10-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>52</u> , and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl C. Carter</u> (Degree or title) _____		23b. ADDRESS <u>St. Joseph</u>		23c. DATE SIGNED <u>10/7/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>
24d. LOCATION (City, town, or county) _____ (State) _____		24e. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Newkoff</u> ADDRESS <u>St. Joseph, Mo.</u>

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

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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 \_\_\_\_\_\*\*\*\*\*

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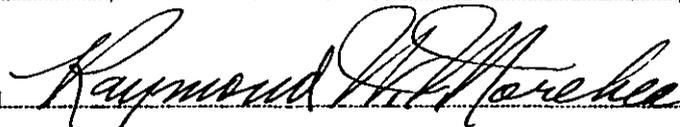
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Student Embalmer No. \_\_\_\_\_\*\* \*\*

working under my personal supervision.

Student \*\*\*\*\*  
Student Embalmer

Signed



Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri

**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.