

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34488**

FILED NOV 15 1952

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Cley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R # 5 North Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location) R. # 5	

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) N.	c. (Last) Ireland	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6-52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29-1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 2 Months	IF UNDER 24 HRS. 7 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	11. BIRTHPLACE (City and State or Foreign Country) Breckenridge Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Jerimia F. Ireland	13b. MOTHER'S MAIDEN NAME Martha Newton	14. NAME OF HUSBAND OR WIFE Lena Ireland
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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. 499-07-7242	17. INFORMANT'S SIGNATURE OR NAME Lena Ireland ADDRESS R. 5 North Kansas City,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchopneumonia		1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) genl arteriosclerosis DUE TO (c)		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fractured right hip		1 wk.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 **Oct 5, 1952** to **Nov 6, 1952** that I last saw the deceased alive on **Oct 7, 1952**, and that death occurred at **1:50 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter L. Washburn MD	23b. ADDRESS Lashland Mo.	23c. DATE SIGNED 11-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9-52	24c. NAME OF CEMETERY OR CREMATORY Breckenridge	24d. LOCATION (City, town, or county) (State) Breckenridge Mo
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DATE REC'D BY LOCAL REG. 11-9-52	REGISTRAR'S SIGNATURE Beulah Fitcher	25. FUNERAL DIRECTOR'S SIGNATURE Charles Archer Co. Liberty, Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0240

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

Harold G. Smith

Licensed Embalmer No. *4575*

P. O. Address *Liberty, 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.