FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17635

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Graves Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry 0380
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Catherine
c. (Last): Ireland

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1891
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gentry County Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Kayle Canaday
13b. MOTHER'S MAIDEN NAME: Phoebe Ragland
14. NAME OF HUSBAND OR WIFE: W. F. Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W. F. Ireland, Stanberry, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses. — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Arteriosclerosis — years
DUE TO (c) unknown — 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332 X
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-7, 1953, *to* 5-23, 1953, *that I last saw the deceased alive on* 5-22, 1953, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert L. Carlin M.D. 0
23b. ADDRESS: Stanberry, Mo
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
24d. LOCATION (City, town, or county) (State): Albany Mo.

DATE REC'D BY LOCAL REG.: May 27-53
REGISTRAR'S SIGNATURE: Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clifford Brown Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1953

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.