

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31834**
Registrar's No. **4602**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).	
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 45 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 5604 CHESTNUT AVENUE	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) CECIL b. (Middle) ARCHIE c. (Last) IRELAND			SEPT. 21 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 23 1900
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE FOREMAN	11. BIRTHPLACE (City, and State or Foreign Country) ALMENA, KANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY GRAHAM PAPER WHOLESALE HOUSE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME OSCAR IRELAND		13b. MOTHER'S MAIDEN NAME CARRIE E WOLF	14. NAME OF HUSBAND OR WIFE MRS. ELSIE IRELAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR I		16. SOCIAL SECURITY NO. 499-14-4677	17. INFORMANT'S SIGNATURE OR NAME MRS. ELSIE IRELAND
18. CAUSE OF DEATH		18. MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL MULTIPLE PULMONARY EMBOLI	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) THROMBOSIS PARI- PROSTATIC VEINS	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) (none)	
Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH ONE TO 15 DAYS	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		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) 0	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from SEP 8, 1953 , to SEP 4, 1953 , that I last saw the deceased alive on SEP 21, 1953 , and that death occurred at 3:00 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE P. C. Quistgard (Degree or title) MD		23b. ADDRESS 6741 Prospect	
23c. DATE SIGNED 9-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE SEPT. 23 1953		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W. Newman's Sons	
DATE REC'D BY LOCAL REG. 9-23-53		REGISTRAR'S SIGNATURE Sheldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Newman's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

Jan 4 1993

Veins.

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.....
Signature of Student Embalmer

Signed *Chester K Brown*.....

Licensed Embalmer No. *4931*.....

P. O. Address *KC 10 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.