THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1953

State File No. 36593

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 34

1. PLACE OF DEATH

a. COUNTY: Monroe

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 10 miles South

c. LENGTH OF STAY (In this place): 6 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None Woodlawn Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Shelby

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 miles south of Clarence, Mo.

d. STREET ADDRESS (If rural, give location): None Woodlawn Twp.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) T. c. (Last) Irick

4. DATE OF DEATH (Month) (Day) (Year): 10-16-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-7-1877

9. AGE (In years last birthday): 75 If UNDER 1 YEAR Months: 10 Days: 9 If UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Pittsfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eli Irick

13b. MOTHER'S MAIDEN NAME: Lucretia Elizabeth Cunningham

14. NAME OF HUSBAND OR WIFE: Eathe E. Irick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. E. Irick Clarence, 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): Acute circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary thrombosis — 5 min

DUE TO (c): myocardial insufficiency — 6 mos.

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

4201

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* 6-8, 1953, *to* 10-16, 1953, *that I last saw the deceased alive on* 10-16, 1953, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas R Burleson M.D.

23b. ADDRESS: Clarence, Mo

23c. DATE SIGNED: 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-19-1953

24c. NAME OF CEMETERY OR CREMATORY: Maplewood

24d. LOCATION (City, town, or county) (State): Clarence, Missouri

DATE REC'D BY LOCAL REG.: 10-21-53

REGISTRAR'S SIGNATURE: Elsie Robertson 471

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barkelew & Hawkins Clarence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1958

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.....

working under my personal supervision. Student Embalmer No.....

Signed James D. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address Shelbina, Mo.

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

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