

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15676**

No. 300
10.48

FILED MAY 18 1954

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5545** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chariton Twp. Aprox 5 1/2 mi		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aprox 9m So of Salisbury		d. STREET ADDRESS (If rural, give location) Aprox 9m So of Salisbury	
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Josephine c. (Last) Ireland		4. DATE OF DEATH (Month) (Day) (Year) May 11 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 22 - 1871
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Chariton County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Pertater		13b. MOTHER'S MAIDEN NAME Elizabeth Cupp	
14. NAME OF HUSBAND OR WIFE William Johnathan Ireland		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William Ireland	
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.		19. ADDRESS Salisbury 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, 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) Chronic Myocarditis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221		1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio Sclerosis		10 yr
DUE TO (c)				

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 **Jan 1953**, to **May 11, 1954**, that I last saw the deceased alive on **May 10, 1954** and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J.W. Hunter MD</i>	(Degree or title) MD	23b. ADDRESS Salisbury Mo	23c. DATE SIGNED 5/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 14 - 1954	24c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery	24d. LOCATION (City, town, or county) (State) Roanoke Mo
DATE REC'D BY LOCAL REG. 5/12/54	REGISTRAR'S SIGNATURE <i>J.W. Hunter</i>	25. FUNERAL DIRECTOR'S SIGNATURE Chas B Winkelman Salisbury Mo	

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

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

Chas B Winkelmeyer

Licensed Embalmer No. *3842*

P. O. Address *Salisbury 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.