

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24013**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **6964** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If death occurred elsewhere before admission). a. STATE <b>MO</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural. Pettis</b>		c. CITY OR TOWN <b>Parkville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2490</b>		e. STREET ADDRESS (If rural, give location) <b>Platte hills R7D 20830</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>			

3. NAME OF DECEASED a. (First) <b>Allen</b> b. (Middle) <b>Dudley</b> c. (Last) <b>Ireland.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31-1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 10-1918</b>
9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Feed Store</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock Feed.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			

13a. FATHER'S NAME <b>Forrest Ireland</b>		13b. MOTHER'S MARRIEN NAME <b>Edith Francis</b>		14. NAME OF HUSBAND OR WIFE <b>Billy Manley Ireland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>F.W. Ireland Parkville Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____		
	DUE TO (c) _____		
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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Roland M. Gipfel</b>		23b. ADDRESS <b>Platte City, Mo</b>		23c. DATE SIGNED <b>8-1-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug 4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Slope</b>	24d. LOCATION (City, town, or county) (State) <b>Parkville Mo</b>	

DATE REC'D BY LOCAL REG. <b>Aug 1-54</b>	REGISTRAR'S SIGNATURE <b>Opheia Racine</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ireland F. Francis</b>	ADDRESS <b>Parkville Mo</b>
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WRITE PLAINLY—USING UNFADEING 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 her~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leland N. Francis*

Licensed Embalmer No. *345*  
P. O. Address *Parkville*

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.