

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11349

State File No. ....

FILED APR 25 1955

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CLAY</u> <u>6000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>6000</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRIMBLE</u> <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>PLATTE TOWNSHIP</u> <u>64</u> <u>YRS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Near Trimble</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUDOLPH</u>		b. (Middle) <u>HENRY</u>	
c. (Last) <u>IRMINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17, 1955</u>	
5. SEX <u>MALE</u> <input type="radio"/>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 13, 1863</u>
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>2</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER &amp; STOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>CLAY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN IRMINGER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE HAMEL</u>	
14. NAME OF HUSBAND OR WIFE <u>CHRISTINA IRMINGER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CHRISTINA IRMINGER</u> ADDRESS <u>TRIMBLE, MO. R.F. D.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Myocardial</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Regeneration</u>	
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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4221</u>	
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 <u>April 15, 1955</u> , to <u>April 17, 1955</u> , that I last saw the deceased alive on <u>April 15, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E.P. Hobbs</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithville, Mo</u>	
23c. DATE SIGNED <u>4-18-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APR. 19, '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARLEY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ARLEY CLAY CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MCCOMAS FUNERAL HOME</u> ADDRESS <u>SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-18-55</u>		REGISTRAR'S SIGNATURE <u>Marquise Hudgins</u> <u>494</u>	

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 Donald W. Hanks

Signed.....  
Student Embalmer

Licensed Embalmer No. 4526

P. O. Address Smithville, Missouri

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.