

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

State File No. **21957**

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. **342** PRIMARY REG. DIST. NO. **3548** 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 OR TOWN Rural Howard County | | c. LENGTH OF STAY (in this place) Approx 65 yrs | c. CITY OR TOWN Howard County |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Approx 9mi. So. E. of Salisbury | | e. STREET ADDRESS (If rural, give location) Approx 9mi So. E. of Salisbury | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jonathan c. (Last) Ireland | | | 4. DATE OF DEATH (Month) (Day) (Year) July 14 1955 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 20 - 1869 |
| 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | 11. BIRTHPLACE (City and State or Foreign Country) Wisconsin |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY General Farm | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Thomas Ireland | | 13b. MOTHER'S MAIDEN NAME Louiza Wilkerson | 14. NAME OF HUSBAND OR WIFE Anna Pertater Ireland |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs W^m Lewis | |
| 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) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 6 mo | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Arteriosclerosis | |
| DUE TO (c) H221 | | (12) | |
| 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"/> |
| 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 Mch , 19 55 , to July 14, 1955 , that I last saw the deceased alive on July 13, 1955 , and that death occurred at 1:00 p. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) W. H. ... M.D. | | 23b. ADDRESS Salisbury | 23c. DATE SIGNED 7/14/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 26 - 1955 | 24c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery | 24d. LOCATION (City, town, or county) (State) Roanoke Mo. |
| DATE REC'D BY LOCAL REG. 7-25-55 | REGISTRAR'S SIGNATURE Eugene A. Bridges | 25. FUNERAL DIRECTOR'S SIGNATURE Chas B Winhelmeier | |
| ADDRESS Salisbury Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1956

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.....
Chas B Winke

Licensed Embalmer No. *324*

P. O. Address *Salisbury*

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.