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FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41321

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 3041 Registrar's No. 33

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

1. PLACE OF DEATH
a. COUNTY: MACON - SAMARITAN Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACON, Missouri
c. LENGTH OF STAY (in this place): 70 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: SHelby
c. CITY OR TOWN: CLARENCE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): CLARENCE Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): L
c. (Last): HIRRLINGER

4. DATE OF DEATH (Month) (Day) (Year): Dec 28, 1955

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug 3, 1885
9. AGE (In years last birthday): 70 — 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): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TRUCK DRIVER
11. BIRTHPLACE (City and State or Foreign Country): SHelby County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FRED HIRRLINGER
13b. MOTHER'S MAIDEN NAME: UNKNOW
14. NAME OF HUSBAND OR WIFE: BEULAH HIRRLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-14-0743
17. INFORMANT'S SIGNATURE OR NAME: Deman Hirlinger — ADDRESS: 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) Status Asmaticus — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma just 6 mos. — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 241X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Dec 27, 1955, *to* Dec 28, 1955, *that I last saw the deceased alive on* Dec 28, 1955, *and that death occurred at* 3:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Miller (Degree or title) MD.
23b. ADDRESS: Macon
23c. DATE SIGNED: 12/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-30-55
24c. NAME OF CEMETERY OR CREMATORY: MAPLEWOOD CEMETERY
24d. LOCATION (City, town, or county): CLARENCE (State): MO

DATE REC'D BY LOCAL REG.: Jan. 21 56
REGISTRAR'S SIGNATURE: Ruth McNeely 185
25. FUNERAL DIRECTOR'S SIGNATURE: Charles V. Greening — ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1.6.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.56.210
Date Filed 4.6.56

JUL 24 1958

NOV 10 1958

JAN 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 46

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.