

Health, Welfare, Public Service

300 1-56

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35061

STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Gen.		Length of stay in 1b 16 days	d. STREET ADDRESS Rural Rt. #		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Wesley Last Ichord.			4. DATE OF DEATH Month Day Year Oct. 26, 1956		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29, 1882	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher.		10b. KIND OF BUSINESS OR INDUSTRY Farmer & Stockman		11. BIRTHPLACE (City and state or country) Big Piney, Mo.	
13. FATHER'S NAME William D. Ichord.			14. MOTHER'S MAIDEN NAME Mary Eilen Harmon.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Lola Mae Laughlin. Waynesville, Mo. Rural.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiovascular Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 26 to 10-26-56 and last saw ^{her} him alive on 10-26-56. Death occurred at 9:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. E. Reichel M.D.			22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED Oct 30 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 30, 1956		23c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial	
				23d. LOCATION (City, town, or county) (State) Waynesville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Home Inc. Way., Mo.			25. DATE RECD. BY LOCAL REG. 10-30-56		26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-3-56
Pulaski County Health Office.
File Number 152
Date Filed 11-30-56

NOV 11 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 *Clarence Moss*.....

Licensed Embalmer No. 48

P. O. Address *Waymire*

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