FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

899
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4195- Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gentry — Inside Limits: Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at home — Length of stay in Ib: lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Gentry — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No X

0380

3. NAME OF DECEASED (Type or print): First: James Middle: Edgar Last: Ireland

4. DATE OF DEATH: Month: February Day: 1 Year: 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED XX **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov 13, 1881

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rural mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal

11. BIRTHPLACE (City and state or country): Mt Pleasant, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Enoch Ireland

14. MOTHER'S MAIDEN NAME: Catherine Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Myrtle H, Ireland. Gentry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PERFORATED ULCER (Duodenum) — INTERVAL BETWEEN ONSET AND DEATH: 6 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5411

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 3

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1 Oct 56 to 1 Feb 57 and last saw her/him alive on
Death occurred at 5:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D. 2 — **22b. ADDRESS**: Gentry Mo. — **22c. DATE SIGNED**: 3 Feb 57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial — **23b. DATE**: Feb 3, 1957 — **23c. NAME OF CEMETERY OR CREMATORY**: Carmack — **23d. LOCATION** (City, town, or county) (State): Gentry County Mo.

24. FUNERAL DIRECTOR: Clifford Brooks — **ADDRESS**: Albany, Mo.

25. DATE RECD. BY LOCAL REG.: Feb 3 - 57

26. REGISTRAR'S SIGNATURE: Maude Williams

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted as diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS APR 2 1959

MAR 26 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by me, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Donald E. Cochel

Licensed Embalmer No. 486

P. O. Address Albany, M

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.