THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8725

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1191

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in this place 54 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS 3308 Paseo (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Nevel Middle M. Last Ireland

4. DATE OF DEATH Month 3 Day 14 Year 1957

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED** ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 10-23-1869 **9. AGE** (In years last birthday) 87 — 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) Carpenter **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and state or country) Miami, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME Richard S. Ireland **14. MOTHER'S MAIDEN NAME** Martha Martin

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. 496-09-1990 **17. INFORMANT** Howard M. Ireland Address K.C. Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Obstructive uropathy
DUE TO (c) Benign prostatic hypertrophy — 610 X

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO X — 2

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 March 11, 1957, to March 14, 1957 and last saw him alive on March 14, 1957
✓ Death occurred at 1 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) M.D. **22b. ADDRESS** 24th & Cherry **22c. DATE SIGNED** 3-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 3-14-57 **23c. NAME OF CEMETERY OR CREMATORY** Nelson Cemetary **23d. LOCATION** (City, town, or county) Marshall (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure Und. Co. K.C. Mo. **ADDRESS** **25. DATE RECD. BY LOCAL REG.** 3-14-57 **26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Olms D. Triplett

Licensed Embalmer No. 4 8

P. O. Address K.C., 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.