

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017985

STATE FILE NUMBER

FILED MAY 23 1957

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fortuna		c. CITY OR TOWN Fortuna	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fortuna		d. STREET ADDRESS (If outside, give location) No street numbers	
Length of stay in 1b Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George Middle Wilson Last Irey			4. DATE OF DEATH Month May Day 14th Year 1957		
5. SEX Male	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 April, 8, 1890	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		100. KIND OF BUSINESS OR INDUSTRY Public	11. BIRTHPLACE (City and state or country) Latham, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Hunter Irey			14. MOTHER'S MAIDEN NAME Mary C. Hyatt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-01-8779		17. INFORMANT Lurle Irey (wife) Fortuna, Mo	

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 thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
DUE TO (b) Coronary sclerosis		
DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 4201	
20c. TIME OF INJURY Hour 12 Month 5 Day 5 a. m. p.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21: I attended the deceased from 5-21-51 to May 14 1957 and last saw ^{him} alive on 5-4-57
Death occurred at 12 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Kenyon Latham M.D.** 22b. ADDRESS **California, Mo** 22c. DATE SIGNED **5-15-57**

23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE May 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Clarksburg, Missouri
24. FUNERAL DIRECTOR ADDRESS J. E. & Richard Tipton		25. DATE RECD. BY LOCAL REG. May 17-1957	26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James E. Richard
Licensed Embalmer No. 246
P. O. Address Lipton,

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.