Health, Welfare Public Service

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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004547
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Inside Limits Yes ☒ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1804 Faron Goforth Nursing Home — Length of stay in 1b 1 yr	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 1804 Faron — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ira Middle: Last: morris

4. DATE OF DEATH Month 2 Day 12 Year 1958

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 9-10-1886

9. AGE (In years last birthday) 71 — 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) Retired Rural mail carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) nodaway Co mo

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

13a. FATHER'S NAME clinton morris

13b. MOTHER'S MAIDEN NAME mary Ann Jackson

14. NAME OF HUSBAND OR WIFE —

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. none

17. INFORMANT Address mrs. Goodell Rodecker R.F.D.7 St Joseph 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) Generalized Metastasis Prostatic Malignancy — INTERVAL BETWEEN ONSET AND DEATH 1 yr +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 2-9-58, to 2-12-58 and last saw her/him alive on 2-11-58

Death occurred at 3 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W Kieber, MD

22b. ADDRESS St Joseph, Mo

22c. DATE SIGNED 2-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-13-1958

23c. NAME OF CEMETERY OR CREMATORY Flaggsprings

23d. LOCATION (City, town, or county) near Union Star (State) mo

24. FUNERAL DIRECTOR ADDRESS Breit Funeral Home Savannah mo

25. DATE RECD. BY LOCAL REG. Feb 17, 1958

26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(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 causally related.

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MAY 15 1958

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 E. C. Brewer

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

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.