URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-009823

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 38

NDED

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler
Length of stay in 1b 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 800, North Street
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bates
c. CITY OR TOWN Butler
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 800 North Street
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Emzey Middle V Last Ireland

4. DATE OF DEATH Month Mar Day 15 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/16/1894
9. AGE (last birthday) 66
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR 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) Bates Co Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Benjamine Ireland
13b. MOTHER'S MAIDEN NAME Caroline -------
14. NAME OF HUSBAND OR WIFE Pearl Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Pearl Ireland Address Butler 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
DUE TO (c) Gen'l. arteriosclerosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None.
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.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953, to 3/15/60 and last saw him alive on 3/12/60
Death occurred at 2 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

21. SIGNATURE Douglas Howard (Degree or title) MD
22b. ADDRESS Butler Missouri
22c. DATE SIGNED 3/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-17-60
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
23d. LOCATION (City, town, or county) (State) Butler Mo

24. FUNERAL DIRECTOR Culver Underwood ADDRESS Butler Mo
25. DATE REC'D. BY LOCAL REG. March 17-1960
26. REGISTRAR'S SIGNATURE Kendall Young

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

0981 6 2 M

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

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