

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022133

STATE FILE NUMBER

AMENDED FILED JUN 26 1961 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 36

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James		Length of stay in 1b 3 years	c. CITY OR TOWN ST. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ←	
3. NAME OF DECEASED (Type or print) First Warren Middle W. Ireland Last Ireland			4. DATE OF DEATH Month June Day 18th Year 1961		
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 4-12-1897	9. AGE (last birthday) 84	IF UNDER 1 YEAR: Months 2 Days 6 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister		10b. KIND OF BUSINESS OR INDUSTRY ←	11. BIRTHPLACE (City and state or country) LaCygne, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James S. Ireland		13b. MOTHER'S MAIDEN NAME Ella Shatter		14. NAME OF HUSBAND OR WIFE William Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish American		16. SOCIAL SECURITY NO. ←	17. INFORMANT Address William Ireland - ST. James, 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) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 9 days
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 Dec-12-58 to June 18-61 and last saw ^{her} him alive on 6/18-61 Death occurred at 11:35 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. A. Grosskreutz MD			22b. ADDRESS St. James, MO		22c. DATE SIGNED 6/21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-1961	23c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cem.		23d. LOCATION (City, town, or county) ST. James, MO.	
24. FUNERAL DIRECTOR ADDRESS Prof E. Lieblid - St James, MO.		25. DATE RECD. BY LOCAL REG. 6-21-1961	26. REGISTRAR'S SIGNATURE Ruth P. Powell		

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 1961

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oral E. Liekhaue

Licensed Embalmer No. 3544

P. O. Address St James 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.