

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 72

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Franklinville twsp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Franklinville twsp</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles South of Vandalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 9 Mi. So. of Vandalia</u>				d. STREET ADDRESS (If rural, give location) <u>9 miles South of Vandalia</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elizabeth</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Kirk</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 23 1857</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>Mo A</u>	
13a. FATHER'S NAME <u>Gundy Branstetter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Colwell</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Kirk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leeman Kirk Vandalia Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>senility</u> DUE TO (c) <u>Carcinoma of uterus</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>174</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 y/ro.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Township Audrain Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 3, 1948</u> , to <u>Jan. 18, 1949</u> , that I last saw the deceased alive on <u>Jan. 18, 1949</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. R. Titus</u>				23b. ADDRESS <u>P.O. 2 Middletown, Mo.</u>		23c. DATE SIGNED <u>Jan. 19, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olivet Cemetery Audrain, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Jan 21 1949</u>		REGISTRAR'S SIGNATURE <u>Nellie Ferguson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>		ADDRESS <u>Vandalia Mo</u>	

RECEIVED

District Health Officer No. 10
District File Number 1-49-156

JAN 25 1949

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.

Signed William B. Waters

Signed.....
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Sandalia 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 this body is not embalmed, fact should be so stated above.