

No. 300
10.48

FILED JUL - 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25789
State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 307K Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>421 Prosperity</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 Prosperity St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>KIRK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>7-18-1896</u>	9. AGE (in years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CREDIT BUREAU</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CREDIT INVESTIGATION</u>	11. BIRTHPLACE (State or foreign country) <u>BETHANY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>GEO T. KIRK</u>	13b. MOTHER'S MAIDEN NAME <u>PELINA HAM</u>	14. NAME OF HUSBAND OR WIFE <u>MARION JARVIS KIRK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo W. Kirk</u> ADDRESS <u>Sikeston MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 7-13, 1949, to 7-13, 1949, that I last saw the deceased alive on 7-13, 1949, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. A. Urban M.D.</u>	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>7-14-49</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COLUMBIA CITY</u>	24d. LOCATION (City, town, or county) (State) <u>COLUMBIA MO</u>
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DATE REC'D BY LOCAL REG. <u>July 14-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Ellen Hunter</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Cassel</u> ADDRESS <u>Home. P.O.E</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 249 226

Date Filed JUL 16 1949

JUN 2 1951

SEP 26 1949

SEP 23 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

Raymond Crews

Signed.....
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.