

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32923**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4025** Registrar's No. **84**

5

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort Mo.	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wheaton Hospital			

3. NAME OF DECEASED a. (First) Carius b. (Middle) Cravens c. (Last) Kirk			4. DATE OF DEATH (Month) (Day) (Year) 10 25 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 8/26/1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 1 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Kirk	13b. MOTHER'S MAIDEN NAME Elizabeth Plumlee	14. NAME OF HUSBAND OR WIFE Bessie Kirk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Carl Kirk ADDRESS Wheaton Mo.

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) Stroke Periphaic		INTERVAL BETWEEN ONSET AND DEATH 334X
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 **10-18**, 19**49**, to **10-25**, 19**49**, that I last saw the deceased alive on **10-25**, 19**49**, and that death occurred at **12:45** m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Smith (Degree or title) MD	23b. ADDRESS Wheaton Mo.	23c. DATE SIGNED 10-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/27/49	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort
24d. LOCATION (City, town, or county) (State) Rocky Comfort Mo.		

DATE REC'D BY LOCAL REG. Oct 28-1949	REGISTRAR'S SIGNATURE Grace Williams	10	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Mansueti ADDRESS Wheaton Mo.
---	---	----	---

RECEIVED OCT 31 1949
District Health Office No. 6,
District File Number 1049-1181
Date Filed 10-31-49

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 _____
James Kenyth Duncan Student Embalmer No. 308
working under my personal supervision.

Signed Kenyth Duncan
Student Embalmer

Signed W. C. Koon
Licensed Embalmer No. 4359
P. O. Address Cassville, 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.