

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1949

State File No. 36969 Registrar's No. 1041

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY GREENE	
b. CITY OR TOWN RURAL Springfield, Mo. #9	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural So Campbell Jwp.	d. STREET ADDRESS (If rural, give location) R.F.D #9 Box 425
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #9			

3. NAME OF DECEASED (Type or Print) WILLIAM ALEXANDER KIRGAN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 27- 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 3, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) ILL.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Kirgan	13b. MOTHER'S MAIDEN NAME Elizabeth Huston	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lorene Taylor, Springfield Mo	ADDRESS R.F.D. 9, Springfield Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular-renal disease		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 1948, to **Nov 27, 1949** that I last saw the deceased alive on **Nov 14, 1949**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don J. Sillsby M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 11/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-28-49	24c. NAME OF CEMETERY OR CREMATORY PUEBLO CEMETERY	24d. LOCATION (City, town, or county) (State) Pueblo, Colo.
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DATE REC'D BY LOCAL REG. 11-28-49	REGISTRAR'S SIGNATURE W.F. Standley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. Spfld.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Ogle Stone Jr.*

Signed.....

Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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.