

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43356

State File No. ....

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 232			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Joe, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Missouri State School</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Edwin</u> b. (Middle) _____ c. (Last) <u>Kirschner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1949</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar. 10, 1932</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Oscar Kirschner,</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Vaughan</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Mo. State School Official Records, Marshall, Mo.</u>		ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) <u>Idiot.</u>				All His life.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c). _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Feeble minded</u>				<u>H 201</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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 <u>9-20, 1949</u> , to <u>12-19, 1949</u> , that I last saw the deceased alive on <u>12-19, 1949</u> , and that death occurred at <u>2:45 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Francis J. Nichols, M.D.</u> (Degree or title)				23b. ADDRESS <u>Missouri State School,</u>		23c. DATE SIGNED <u>12-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Dec 20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri,</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 20-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Lewis</u>		ADDRESS <u>Marshall, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

No. 300

10.48

970

RECEIVED DEC 27  
District Health Officer No. 2

District File Number .....

Date Filed 12-22-49

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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.

Student .....

Student Embalmer

Signed RW Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Me

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.