

FILED MAY 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15659

1080

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEVADA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-METZ TWP 1080</u>	
c. LENGTH OF STAY (In this place) <u>5 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>5 MI. SOUTH-HUME MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>SHIRLEY</u> b. (Middle) <u>FANN</u> c. (Last) <u>VAN KIRK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-24-1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC-3-1947</u>
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	11. BIRTHPLACE (State or foreign country) <u>FOSTER, MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HOWARD VAN KIRK</u>		13b. MOTHER'S MAIDEN NAME <u>RUBY SHELTON</u>	
14. NAME OF HUSBAND OR WIFE			
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>HOWARD VAN KIRK-HUME, MO. RFD.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral diplegia with mental deficiency</u>		<u>334X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>VERNON MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>7-11</u> , 19 <u>47</u> , to <u>4-24</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4-24</u> , 19 <u>50</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. L. Martin</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>7-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR-26-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>		24d. LOCATION (City, town, or county) (State) <u>FOSTER, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 27, 1950</u>		REGISTRAR'S SIGNATURE <u>W. A. H. Vance</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Serv. - Kirk, Mo</u>		ADDRESS	

RECEIVED

District Health Officer No. 71

District File Number E-80-479

Date Filed 5-9-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John G. Whitcomb

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Signed.....
Student Embalmer

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.