

FILED MAY 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15750

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 128		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kershville</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		<u>083</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>				d. STREET ADDRESS (If rural, give location) <u>218 1/2 W. Reed St. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MORRIS</u> b. (Middle) <u>GRANT</u> c. (Last) <u>KIRK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1950</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Aug 26<sup>55</sup> 1867</u>		9. AGE (In years) (Months) (Days) <u>82 8 18</u>	10. F UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopathic Phy.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Kirk</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Reid</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Waterfield</u>				ADDRESS <u>Moberly Mo</u>
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>Inanition and Starvation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Intestines and abdominal wall</u> DUE TO (c) <u>Primary Carcinoma of Prostate</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>  <u>?</u>  <u>?</u>  <u>177X</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 <u>May 5</u> , 19 <u>50</u> , to <u>May 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>50</u> , and that death occurred at <u>4:10 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Vincent J. Strangio</u>			(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kershville Mo</u> <u>Community Nursing Home #1</u>		23c. DATE SIGNED <u>May 9, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-11-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahair and Son</u>			ADDRESS <u>Moberly Mo</u>

RECEIVED MAY 16 1950  
District Health Officer No. 1  
District File Number 5-57-839  
Date Filed .....

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.....  
Student Embalmer

Signed Frank O. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moab, 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.