

FILED MAY 29 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17651**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **5898** Registrar's No. **210**

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Howard Ridge</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Howard Ridge</b>		
c. LENGTH OF STAY (in this place) <b>Life</b>			d. STREET ADDRESS (If rural, give location) <b>Howard Ridge Mo.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, Howard Ridge Mo.</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARION</b>		b. (Middle) <b>WINSOR</b>		c. (Last) <b>KIRKLAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 14 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 26 1864</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							

13a. FATHER'S NAME <b>James Kirkland</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Satterfield</b>		14. NAME OF HUSBAND OR WIFE <b>Elvira Kirkland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elvira Kirkland Howard Ridge Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis + embolism</b> Antecedent causes: <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <b>H-500</b>	
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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) 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 Jan 1, 1940, to May 14, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edwin W. Chamberlain M.D.</b>		23b. ADDRESS <b>Mountain Home, Ark.</b>		23c. DATE SIGNED <b>5-17-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Howard Ridge Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Howard Ridge Mo.</b>					

DATE REC'D BY LOCAL REG. <b>5-19-50</b>		REGISTRAR'S SIGNATURE <b>William Cogswell</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roller-Barber, Mtn Home Ark.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 20 1950  
District Health Office No. 6,  
District File Number 550-604  
Date Filed 5-24-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John M. Davies

Licensed Embalmer No. 4620

P. O. Address Mtn Home Ark

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.