

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

(5094)

22722  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>5094</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> RFD Rich Hill Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Osage Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>070</u> OR TOWN <u>Rich Hill Mo. RFD Osage TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>south Rich Hill Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>S.E. of Rich Hill Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Wilson</u>		c. (Last) <u>Kirby Jr.</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>11</u>		(Year) <u>50</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>Feb. 9 1948</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		11. BIRTHPLACE (State or foreign country) <u>Woodstown N.J.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.W. Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Irene De Marias</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W.W. Kirby</u> ADDRESS <u>Woodstown N.J.</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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures of Skull.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Accidentally run over by truck</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>  <u>8/19/4</u>  <u>25</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Miller Ranch</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill Bates Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>July 11 50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>head Father backed truck over child</u>			
22. I hereby certify that I attended the deceased from <u>Death on arrival</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John G. Underwood</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Butler Missouri</u>		23c. DATE SIGNED <u>7/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-12-1950</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Woodstown New Jersey</u>	
DATE REC'D BY LOCAL REG. <u>July 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Paul Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Service</u> ADDRESS <u>Rich Hill Mo.</u>			

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

0070

RECEIVED 7/18/50

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7/18/50 .....

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.....  
Student Embalmer

Signed Robert G. Steubach .....

Licensed Embalmer No. 4657 .....

P. O. Address Bethel, 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.