

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29147
Registrar's No. 82

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136
6138

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, SPRING VALLEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, SPRING VALLEY	
c. LENGTH OF STAY (In this place) 61 Yrs		d. STREET ADDRESS (If rural, give location) Rural 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Edline c. (Last) Kirkman			4. DATE OF DEATH (Month) (Day) (Year) Aug 12 1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married	8. DATE OF BIRTH May 28th 1873
9. AGE (In years last birthday) 77		10. MONTHS 7	11. DAYS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St James Missouri
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Basel Crider		13b. MOTHER'S MAIDEN NAME Manila Atkins	14. NAME OF HUSBAND OR WIFE Carlie Kirkman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ethel Craig ADDRESS Summersville, Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Chronic Valvular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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 April , 19 <u>48</u> , to Aug 12 , 19 <u>50</u> that I last saw the deceased alive on Aug 12 , 19 <u>50</u> , and that death occurred at 8 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Lawrence Langston, D.O.		23b. ADDRESS Summersville	23c. DATE SIGNED Aug 17
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 13 1950	24c. NAME OF CEMETERY OR CREMATORY Summersville, Cem	24d. LOCATION (City, town, or county) (State) Summersville, Mo
DATE REC'D BY LOCAL REG. 8/19/50		REGISTRAR'S SIGNATURE H. E. Ballin	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home ADDRESS Mtn Viea, Mo

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

1010

RECEIVED

AUG 22 1950

DEPARTMENT OF HEALTH OFFICE NO. 6

Title No.

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.

Student
Student Embalmer

Signed *John F. Leman*

Licensed Embalmer No. *2516*

P. O. Address *Phuket, Siam*

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.