

FILED DEC 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. 36312

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>456</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler Neely Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hiway 67S & Frisco R.R.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pontiac</u>		d. STREET ADDRESS (If rural, give location) <u>3977 Baldwin Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Miles South of P.B.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) <u>LEROY</u>		c. (Last) <u>KIRK</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>24,</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u> <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 30, 1945</u>		9. AGE (In years last birthday) <u>5</u> If under 1 year: Months <u>1</u> Days <u>24</u> If under 24 hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pontiac, Mich./</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Thos. E. Kirk</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Nixon</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thos. P. Kirk.... Pontiac, Mich.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatism by Train</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>Rail Road crossing accident</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>5:01</u> <u>27</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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neely Twp. Butler Mo</u>		21d. HOW DID INJURY OCCUR? <u>Train hit automobile</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/24-50-4:57 a.m.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:51 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest W Green</u>				23b. ADDRESS <u>Coroner 3 Poplar Bluff Mo</u>		23c. DATE SIGNED <u>11/27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Pontiac, Mich.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 27 1950</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>428</u> <u>0</u>		ADDRESS <u>FRANK*COTRELL.... Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

01223

RECEIVED

DEC 6 1958

BUTLER CO. HEALTH CENTER

FILE No 250-491

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.....

Robert W. Green

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*2964
Poplar Bluff*

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.