

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38094**

FILED DEC 4 1950

183

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

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 391	
1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY RANDOLPH			
b. CITY (If outside corporate limits, write RURAL and give township) Woberly		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Woberly		10883	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 E. Reed				d. STREET ADDRESS (If rural, give location) 319-E REED			
3. NAME OF DECEASED (Type or Print) a. (First) Susie			b. (Middle) _____		c. (Last) Kirby		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH AUG -16-1922	9. AGE (in years last birthday) (Specify) 28 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Kirby			13b. MOTHER'S MAIDEN NAME ANNA WASHINGTON		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. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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) Due to burn involving face, mouth, and neck. Possibly of chemical origin					INTERVAL BETWEEN ONSET AND DEATH 6-9/160 16	
	ANTECEDENT CAUSES 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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) same where in Woberly Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Woberly Randolph Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Burns of chemical nature			
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 about _____ 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Chas. C. Barnes			(Degree or title) Coroner		23b. ADDRESS Woberly Mo		23c. DATE SIGNED Nov 27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 50	24c. NAME OF CEMETERY OR CREMATORY JACKSONVILLE Mo		24d. LOCATION (City, town, or county) (State) 300 Ballard		
DATE REC'D BY LOCAL REG. 11-29-50		REGISTRAR'S SIGNATURE Seal E. Shelton		25. FUNERAL DIRECTOR'S SIGNATURE L. Carr		ADDRESS 300 Ballard	

MAR 21 1961

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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.....

Robert L. Owen

Licensed Embalmer No. 3170

P. O. Address.....

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.