

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15300

BIRTH NO.		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural Pike</u>		c. LENGTH OF STAY (In this place) to (ship):		c. CITY (If outside corporate limits, write RURAL and give town) <u>rural Pike</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Brownwood</u>				d. STREET ADDRESS (If rural, give location) <u>Near Brownwood</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAWINDA</u>			b. (Middle)		c. (Last) <u>KIRK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 15, 1875</u>		9. AGE (In years last birthday) Months Days <u>76 4 3</u>	
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ben Kotschew</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Dexton</u>		14. NAME OF HUSBAND OR WIFE <u>Harve Kirk deceased</u>			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charley Hankins Brownwood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u>					
		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 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 <u>Feb 1951</u> , to <u>18 March, 1951</u> , that I last saw the deceased alive on <u>18 March, 1951</u> , and that death occurred at <u>9:20P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Merrill V. Ho.</u>				23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>20 Mar 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownwood Cem. Brownwood Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4-5-1951</u>		REGISTRAR'S SIGNATURE <u>Bennie Mann</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd S. Morgan, Advance Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 14 1951

DISTRICT HEALTH OFFICE No. 6

File 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 _____

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advocate, Md.*

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.