

No. 300  
10-48

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15418

State File No. ....

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

123 B

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6274 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>WEBSTER—Union</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>WESTFIELD</u>	
b. CITY OR TOWN <u>Highway 66 2 MI. WEST CONWAY</u>		c. CITY OR TOWN <u>WESTFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66, 2 MI. WEST CONWAY</u>		d. STREET ADDRESS (If rural, give location) <u>Westfield, Ill.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AARON</u> b. (Middle) <u>G</u> c. (Last) <u>KIRCHNET</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 8, 1905</u>
9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 15 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BANKER</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN KIRCHNET</u>	13b. MOTHER'S MAIDEN NAME <u>REBA Graham</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL KIRCHNER</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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. E. HORN BROOK COFFEYVILLE, KANS.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>2 car accident</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u>	
18. CAUSE OF DEATH (continued)	INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>3 8 16 h</u> <u>26</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Highway 66, substation, Ma Webster Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>112 Webster Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 8 1951 11A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2 car collision</u>	
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>11:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. K. Kelley</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Farmland Mo</u>	23c. DATE SIGNED <u>4-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>WESTFIELD, ILL.</u>
DATE REC'D BY LOCAL REG. <u>4-10-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>392 BARBER-BARTO MARSHFIELD</u>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED: APR 16 1951

Dist. File 451-861

Date Filed 4-17-51

APR 23 1951

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address marshfield, 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.