

FILED AUG 7 1951

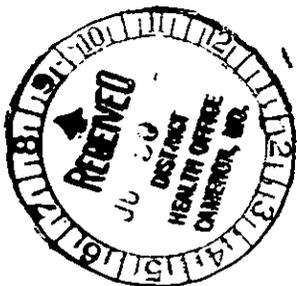
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21934

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5025</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>RICHTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RICHTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-TEMPLETON TWP</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-TEMPLETON TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <u>0030</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u>			b. (Middle) <u>JO</u>		c. (Last) <u>KIRK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 1951</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>10-29-1948</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Rock Port. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>AM</u>
13a. FATHER'S NAME <u>RAY KIRK</u>			13b. MOTHER'S MAIDEN NAME <u>WILLIE MAE COWAN</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Kirk</u>		ADDRESS <u>Rock Port. Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental caused by being struck by a pickup truck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E. 8124 25</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</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>012</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dean Peters</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Fairfax Mo</u>		23c. DATE SIGNED <u>7/11/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENHILL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Therwin H. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ARTHUR L. MORTIMER</u>		ADDRESS <u>Rock Port.</u>	

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



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 *Luiz Berthelme*

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.