

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5842

State File No.

FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4361 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Canalou, Mo</u>		c. CITY OR TOWN <u>Canalou, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Carl</u>	a. (First)	b. (Middle) <u>W</u>	c. (Last) <u>Kirtley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3/16/04</u>	9. AGE (In years last birthday) <u>47</u>	# UNDER 1 Year <u>11</u> Months	YEAR <u>1</u> Days	# UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Section Hand</u>	11. BIRTHPLACE (State or foreign country) <u>Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Allen Kirtley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizeabeth McCoy</u>	14. NAME OF HUSBAND OR WIFE <u>Fern Kirtley</u>
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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 <u>Fern Kirtley</u>	ADDRESS <u>Canalou, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostatic gland</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) _____		
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 <u>1421</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 2-23, 1950 to 2-17, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 0.25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. M. Sheeter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Northway, Mo.</u>	23c. DATE SIGNED <u>2-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Matthews</u>	24d. LOCATION (City, town, or county) (State) <u>Matthews, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/7-52</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Sheeter</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Harry Jones</u>	ADDRESS <u>Director</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

John G. Gullett

Licensed Embalmer No. _____

2941

P. O. Address _____

Superior Ave

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.