

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6948

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN R.F.D. Slater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. Slater	
c. LENGTH OF STAY (in this place) 83 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Johnson c. (Last) kirby			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11-1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 10-1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Saline Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Nicholas kirby	13b. MOTHER'S MAIDEN NAME Erdine C. Victor	14. NAME OF HUSBAND OR WIFE widower
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Dallas Kirby, Slater, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardia		INTERVAL BETWEEN ONSET AND DEATH 1-16-52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cerebral Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) At Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Slater Mo. Saline Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 9 52 3	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell while getting coal

22. I hereby certify that I attended the deceased from 1-10, 1952 to July 11, 1952 that I last saw the deceased alive on July 11, 1952, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Stewart, M.D.	23b. ADDRESS 306 W. Main St. Slater Mo.	23c. DATE SIGNED 7/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Slater City.	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. 2/15/52	REGISTRAR'S SIGNATURE Ms. Carl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	ADDRESS Slater, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
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0970

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 _____

Sam M Hill

Licensed Embalmer No. _____

1292

P. O. Address _____

Slate 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.