

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12977
1474

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 48 YRS		d. STREET ADDRESS (If rural, give location) 6233 PEERY 370	
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTE 6233 PEERY			

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) E	c. (Last) KIRK	4. DATE OF DEATH MAR-28-1952
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5. SEX 0 MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 31-1882	9. AGE (In years) 70	10. UNDER 1 YEAR Months Days	11. UNDER 1 Wk. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CITY OF K.C.	11. BIRTHPLACE (State or foreign country) COLORADO SPRGS. COLO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CYRUS W. KIRK	13b. MOTHER'S MAIDEN NAME NELLIE BROWN	14. NAME OF HUSBAND OR WIFE NINA L. KIRK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 573-09-1741	17. INFORMANT'S SIGNATURE OR NAME MRS. NINA L. KIRK	ADDRESS 6233 PEERY KE. MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema		INTERVAL BETWEEN ONSET AND DEATH 4 YEARS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation		
		DUE TO (c) none		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4343

19a. DATE OF OPERATION	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) none	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 7-14, 1951, to 3-28, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. D. Osgood (Degree or title) MD	23b. ADDRESS 915 Professional Bldg.	23c. DATE SIGNED 3/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April-1-1952	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY - MO.
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DATE REC'D BY LOCAL REG. 3-31-52	REGISTRAR'S SIGNATURE Geraldine Holmes	FUNERAL DIRECTOR'S SIGNATURE C.H. Blackburn & Son Inc K.C. Mo.	ADDRESS
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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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Hannas City, 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.