

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20949**

FILED JUL 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ARNOLD Rock</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ARNOLD ROCK TOWNSHIP 0500</b>	
c. LENGTH OF STAY (in this place) <b>84 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILIP</b> b. (Middle) <b>J.</b> c. (Last) <b>KIRK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 1 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 14 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR: Months <b>9</b> Days <b>17</b> IF UNDER 24 HRS. Hours <b>17</b> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTER</b>	11. BIRTHPLACE (State or foreign country) <b>KIMMSWICK MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM KIRK</b>	13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE RUESS</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA KIRK</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ANNA KIRK</b> ADDRESS <b>ARNOLD MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Ch. Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. <b>Family</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>Arnold Jefferson MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1941**, **180**, to **7-1-**, **1952** that I last saw the deceased alive on **7-5-52**, and that death occurred at **11:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Reich, M.D.</b> (Degree or title)	23b. ADDRESS <b>Kimmswick MO</b>	23c. DATE SIGNED <b>7-1-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 4 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>ARNOLD MO.</b>
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DATE REC'D BY LOCAL REG. <b>7/5/52</b>	REGISTRAR'S SIGNATURE <b>Ruth Girard 438-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b> ADDRESS <b>IMPERIAL MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 31 1952

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JUL 7 1952

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 *Elmer A. Halbig*

Licensed Embalmer No. *3571*

P. O. Address *Imperial 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.