.S. No. 300
EV. 10-48

AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27474

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5280 Registrar's No. 50

0230

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

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka rural (Lincoln Tp.)
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka rural
d. STREET ADDRESS (If rural, give location): 0230

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) William c. (Last) Kirchner

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 12 1905
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clark Co. Mo. O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm M. Kirchner
13b. MOTHER'S MAIDEN NAME: Florence Bogener
14. NAME OF HUSBAND OR WIFE: Isabelle Kirchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Isabelle Kirchner — ADDRESS: Kahoka

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): Angina pectoris

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4202
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1952, *to* 8 18, 1952, *that I last saw the deceased alive on* 8-16-, 1952, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. H. Channing Do
23b. ADDRESS: Kahoka Mo
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21-52
24c. NAME OF CEMETERY OR CREMATORY: Kahoka Cem.
24d. LOCATION (City, town, or county) (State): Kahoka Mo.

DATE REC'D BY LOCAL REG.: 8/23-52
REGISTRAR'S SIGNATURE: J. R. Briggs 61-0
25. FUNERAL DIRECTOR'S SIGNATURE: Gutting and — ADDRESS: Kahoka

(Licensed Embalmer's Statement on Reverse Side)

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 Otis L. Fulling

Licensed Embalmer No. 2965

P. O. Address Murray

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.