

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31060

State File No. ....

FILED SEP 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 123

**1. PLACE OF DEATH**  
a. COUNTY Clay

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Gentry

b. CITY OR TOWN Excelsior Springs c. LENGTH OF STAY (in this place) 3 days

c. CITY OR TOWN Albany d. STREET ADDRESS (If rural, give location) Rural Route # 2 1

d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Clinic

**3. NAME OF DECEASED**  
a. (First) MAUDE b. (Middle) B. c. (Last) KIRK

**4. DATE OF DEATH** (Month) (Day) (Year) Sept 3, 1952

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married **8. DATE OF BIRTH** Nov. 12, 1881 **9. AGE** (In years, last birthday) 70 9 21 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) at home **10b. KIND OF BUSINESS OR INDUSTRY** none **11. BIRTHPLACE** (City and State or Foreign Country) Iowa **12. CITIZEN OF WHAT COUNTRY** USA

**13a. FATHER'S NAME** James Kirk **13b. MOTHER'S MAIDEN NAME** Martha Casbeer **14. NAME OF HUSBAND OR WIFE** None

**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.** None **17. INFORMANT'S SIGNATURE OR NAME** Louise Kirk, Rt #2, Albany Mo. **ADDRESS** Mo.

**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) Myocardial infarction - total (Interval between onset and death) 3 days

**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic nephritis  
DUE TO (c) Secondary anemia

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **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) \_\_\_\_\_ **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** 8/31/52, 1952, to 9/3, 1952, that I last saw the deceased alive on 9/3, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) J. Laughlin, D.O. **23b. ADDRESS** E. Spqr. Mo **23c. DATE SIGNED** 9/3/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **24b. DATE** 9-3-52 **24c. NAME OF CEMETERY OR CREMATORY** Gentryville Cemetery **24d. LOCATION** (City, town, or county) (State) Albany, Mo.

**DATE REC'D BY LOCAL REG.** 9/18/52 **REGISTRAR'S SIGNATURE** Baroline Hutchings **25. FUNERAL DIRECTOR'S SIGNATURE** Richard Excelsior Spqr. Mo. **ADDRESS** \_\_\_\_\_

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

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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 *Lincoln P. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.