

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34141

State File No. ....

FILED NOV 12 1952

BIRTH NO. .... REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 503/ Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuivre Rural</u>	
c. LENGTH OF STAY (in this place) <u>All his life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles south Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles South Vandalia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Belle</u> c. (Last) <u>Kirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 6, 1878</u>		9. AGE (in years) (Month) (Day) (Year) <u>74</u> <u>2</u> <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Thomas E. Waugh</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Gillum</u>		14. NAME OF HUSBAND OR WIFE <u>Leeman Boyd Kirk</u>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leeman B. Kirk Vandalia Mo</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Stage lung x-ray.</u>				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) <u>163X</u>	
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	

22. I hereby certify that I attended the deceased from 8-20, 1952 to 10-13, 1952, that I last saw the deceased alive on 10-30, 1952, and that death occurred at 11-4<sup>30</sup> from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis J. Kelly M.D.</u>		23b. ADDRESS <u>Merissa, Mo.</u>		23c. DATE SIGNED <u>11/6/52</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Nov 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central Union Cemetery Audrain County, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 8 1952</u>		REGISTRAR'S SIGNATURE <u>Mollie Tugue</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.