

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34295

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>1153</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		c. LENGTH OF STAY (in this place) <u>44</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		0110		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #2</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>T</u> c. (Last) <u>KIRNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 20, 1875</u>		
9. AGE (In years last birthday) <u>77</u>		if UNDER 1 YEAR Months _____		if UNDER 1 YEAR Days _____		if UNDER 1 MIN. Hours _____		
10a. 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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Michael Karnath</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kubjorowski</u>		14. NAME OF HUSBAND OR WIFE <u>Otto J. Kirner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Kirner</u>		ADDRESS <u>St. Joseph Missouri</u>		
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>Cerebrovascular accident</u> <u>Haemorrhage</u> DUE TO (b) <u>Arteriosclerosis general</u> DUE TO (c) <u>Arteriosclerotic Heart</u> II. OTHER SIGNIFICANT CONDITIONS <u>Disease</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>1</u> <u>2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <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 <u>3-12, 1952</u> , to <u>10-31, 1952</u> , that I last saw the deceased alive on <u>10-25, 1952</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm B. Kostm...</u> (Degree or title) _____				23b. ADDRESS <u>316 W. 10th</u>		23c. DATE SIGNED <u>11/1/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 4 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl E. Caspary</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stammy Funeral Home</u>		ADDRESS <u>St. Joseph Mo.</u>		

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.