

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. **34619**

**FILED** OCT 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **42**

**1. PLACE OF DEATH**  
 a. COUNTY **Dunklin**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Malden**  
 c. LENGTH OF STAY (in this place) **5 yrs**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **At Home**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Mo** b. COUNTY **Dunklin**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Malden 0351**  
 d. STREET ADDRESS (If rural, give location) **503 N Kimball**

**3. NAME OF DECEASED**  
 a. (First) **Claude** b. (Middle) **E** c. (Last) **Kirkbride**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Oct 14 - 1952**

**5. SEX** **0** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **W** **8. DATE OF BIRTH** **1876-7-5** **9. AGE** (In years last birthday) **76-3-9**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Retired Farmer** **10b. KIND OF BUSINESS OR INDUSTRY** **L** **11. BIRTHPLACE** (State or foreign country) **Illinois** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Winfield Scott Kirkbride** **13b. MOTHER'S MAIDEN NAME** **Mary Margaret Graydon** **14. NAME OF HUSBAND OR WIFE** **W**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give war or dates of service) **L** **16. SOCIAL SECURITY NO.** **X** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs S E Mitchell** **ADDRESS** **Malden 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.  
**MEDICAL CERTIFICATION**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Arteriosclerosis** **INTERVAL BETWEEN ONSET AND DEATH** **Instantly**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Sclerosis Coronary Arteries 5 years**  
 DUE TO (c) **Alveolar Emphysema 3 years**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. **Myocardial Degeneration 5 years**

**19a. DATE OF OPERATION** **None** **19b. MAJOR FINDINGS OF OPERATION** **None** **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) **no** **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?** **4201**

**22. I hereby certify that I attended the deceased from 4/15, 1948, to 10/14, 1952, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **S.E. Mitchell M.D.** **23b. ADDRESS** **Malden Mo** **23c. DATE SIGNED** **10/15/1952**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **10-17-52** **24c. NAME OF CEMETERY OR CREMATORY** **Rosewood Cemetery** **24d. LOCATION** (City, town, or county) (State) **near Bangs Ill**

**DATE REC'D BY LOCAL REG.** **10-16-52** **REGISTRAR'S SIGNATURE** **J. W. Schaeffer** **57-0** **25. FUNERAL DIRECTOR'S SIGNATURE** **Thomas E. Knisch** **ADDRESS** **Malden Mo**

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

351  
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 10-22-52  
COUNTY FILE NUMBER 1052-291

OCT 27 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

*Thomas E. Knight*

Licensed Embalmer No. *2189*

P. O. Address

*Malden, Mass*

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.