. No. 300
. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39294

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 75

#m
541
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGGINSVILLE
c. LENGTH OF STAY (in this place): 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1310 MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGGINSVILLE 0541
d. STREET ADDRESS (If rural, give location): 1310 MAIN 0

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): DE WITT
c. (Last): KIRK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 1
8. DATE OF BIRTH: OCT. 1 1948
9. AGE (In years last birthday): 4 — 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): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: MAURICE D. KIRK
13b. MOTHER'S MAIDEN NAME: LORAINE OSSMAN
14. NAME OF HUSBAND OR WIFE: —

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.:
17. INFORMANT'S SIGNATURE OR NAME: MAURICE D. KIRK — ADDRESS: HIGGINSVILLE

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): Acute Laryngo-Trachea-Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

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.

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) 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* 1 Nov., 1952, *to* 1 Nov., 1952, *that I last saw the deceased alive on* 1 Nov., 1952, *and that death occurred at* 11 55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0 M.D.
23b. ADDRESS: Higginsville, Mo.
23c. DATE SIGNED: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: NOV. 4 1952
24c. NAME OF CEMETERY OR CREMATORY: CATHOLIC CEMETERY
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE MO.

DATE REC'D BY LOCAL REG.: Nov 10-1952
REGISTRAR'S SIGNATURE: Clayton W Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE: G. Jackson Hader — ADDRESS: Higginsville Mo.

(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 _____

Licensed Embalmer No. 42841

P. O. Address _____

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.