

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2228**

FILED FEB 7 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5761** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PALMYRA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN	
c. LENGTH OF STAY (in this place) 2 mos.		d. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARION CO. INFIRMERY			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) HARMON	c. (Last) KIRSCHBAUM	4. DATE OF DEATH (Month) (Day) (Year) JAN. 16, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 23, 1874	9. AGE (In years last birthday) 78	10. MONTHS 6	11. DAYS 23	12. HOURS 1	13. MINUTES 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) TOLONA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM H. KIRSCHBAUM	13b. MOTHER'S MAIDEN NAME CATHERINE DANCE	14. NAME OF HUSBAND OR WIFE MOLLIE A. KIRSCHBAUM
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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) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME CATHERINE PRITCHARD, QUINCY, ILL.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of left hip		
	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. Hypertrophy jaundice of Heart			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
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22. I hereby certify that I attended the deceased from **11-3, 1952**, to **1-15, 1953**, that I last saw the deceased alive on **1-5, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edm. Lucke, M.D.	23b. ADDRESS Stamper	23c. DATE SIGNED 1-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/18/53	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
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DATE REC'D BY LOCAL REG. 1-21-53	REGISTRAR'S SIGNATURE Ben Veit	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Powell	ADDRESS LEWISTOWN, MO.
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RECEIVED FEB 5 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1953

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.