

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13122

State File No. ....

No. 300  
10-48

FILED APR 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkoville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> <u>1050</u>	
c. LENGTH OF STAY in this place <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Grinnon's Men's Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CALEB</u> b. (Middle) <u>Bradford</u> c. (Last) <u>Kirifong</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov. 30 1867</u>	9. AGE (In years, last birthday) <u>86</u>	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Orben Bradford Kirifong</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Hostkin</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Jane Kirifong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Caleb Bradford Kirifong</u> ADDRESS <u>Browning</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
		DUE TO (c) _____		<u>1 year</u>
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 <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>4221</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 2-18, 1953 to 3-29, 1953 that I last saw the deceased alive on 3-29, 1953, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Kirkoville Mo</u>	23c. DATE SIGNED <u>4/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White oak</u>	24d. LOCATION (City, town, or county) (State) <u>Browning Rural, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-22-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u> ADDRESS <u>Browning Mo</u>
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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 Guard I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.