

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13588**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka 0230	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) 227 E. Exchange	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) M. c. (Last) Kirchner			4. DATE OF DEATH (Month) (Day) (Year) 4-19-1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-1-1896	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clark Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Stannis Renner		13b. MOTHER'S MAIDEN NAME Ida Goate		14. NAME OF HUSBAND OR WIFE Theodore Kirchner	
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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. ✓		17. INFORMANT'S SIGNATURE OR NAME Howard Kirchner ADDRESS no.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA CAECUMI				INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: 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 153x				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **2-1-**, 19**53**, to **4-15-**, 19**53**, that I last saw the deceased alive on **4-19-**, 19**53**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Chamney, M.D. (Degree or title)		23b. ADDRESS Kahoka Mo		23c. DATE SIGNED 4-21-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-53		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Clark County Mo.	
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DATE REC'D BY LOCAL REG. 4/27-53		REGISTRAR'S SIGNATURE W. H. Chamney		5. FUNERAL DIRECTOR'S SIGNATURE Fred J. Karl ADDRESS Kahoka Mo.	
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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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kokomo, 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.