No. 300
10-48

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

FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14802

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 9

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1. PLACE OF DEATH
a. COUNTY: Johnson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Knobnoster,
c. LENGTH OF STAY (In this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural #3, Knobnoster, Mo.
d. STREET ADDRESS (If rural, give location): R.R. No 3.

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3. NAME OF DECEASED (Type or Print)
a. (First): Margaret b. (Middle): Mae c. (Last): Kirby,

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow, 2
8. DATE OF BIRTH: Sept. 23, 1885
9. AGE (In years last birthday): 67 | 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): Housewife,
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Samuel L. Bowman,
13b. MOTHER'S MAIDEN NAME: Lucy Ann Marshall,
14. NAME OF HUSBAND OR WIFE: John Heard, Kirby.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Heard, ADDRESS: Knobnoster, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Chr. Valvular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DUE TO (b) 2) Chr. myocarditis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) — 4222

II. OTHER SIGNIFICANT CONDITIONS — 1) senile dementia

Conditions contributing to the death but not related to the disease or condition causing death. — 2) Acute Parasitism — 3 days

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): Knob Noster, Johnson, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
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* March 1, 1953, *to* 4-15-, 1953, *that I last saw the deceased alive on* 4-14-53 19____, *and that death occurred at* 4:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Brown (Degree or title): M.D.
23b. ADDRESS: Knobnoster, Missouri.
23c. DATE SIGNED: 4-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Dunksburg Cemetery,
24d. LOCATION (City, town, or county) (State): Johnson Co. Missouri.
DATE REC'D BY LOCAL REG.: April 17-53
REGISTRAR'S SIGNATURE: Emma L. Beatty 140-0
25. FUNERAL DIRECTOR'S SIGNATURE: R A Brauninger — ADDRESS: Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 20 1953
JOHNSON COUNTY HEALTH DEPT.

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 ~~and~~

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. W. Baumgardner

Licensed Embalmer No. 3377

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.