

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21047

State File No. _____

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 67

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY OR TOWN <u>RURAL, Liberty</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>	c. CITY OR TOWN <u>COMERON</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>251</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 E. Home</u>			e. STREET ADDRESS (If rural, give location) <u>422 W. 3rd St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>		b. (Middle) <u>JANE</u>	c. (Last) <u>FIRKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 15, 1870</u>	9. AGE (In years) (last birthday) <u>83</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horsekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KATARDY MO</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Samuel R. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McTaggart</u>	14. NAME OF HUSBAND OR WIFE <u>ARTHUR FIRKINS deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>6</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary King K. G. MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES <u>Arteriosclerosis</u>				
	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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____	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 <u>June 18, 1953</u> , to _____, 19____, that I last saw the deceased alive on <u>June 15, 1953</u> and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____			23b. ADDRESS <u>Liberty MO</u>		23c. DATE SIGNED <u>6/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>COMERON MO</u>		
DATE REC'D BY LOCAL REG. <u>June 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	491	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>De Moss CRUNK CAMERON MO</u>		

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.....
Signature of Student Embalmer

Signed *De Moss*.....

Licensed Embalmer No... 253

P. O. Address *Cameron,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.