

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **32529**

FILED **SEP 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386** Registrar's No. **36**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Oregon</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer</b>	
c. LENGTH OF STAY (In this place) <b>13 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>c 750 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>FRANKLIN</b>	c. (Last) <b>KIRKSEY</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 7, 1953</b>
--	------------------------	-----------------------------	--------------------------	--

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 27, 1876</b>	<b>9. AGE</b> (In years last birthday) <b>76</b>	<b>10. MONTHS</b> <b>10</b>	<b>11. DAYS</b> <b>10</b>	<b>12. HOURS</b>	<b>13. MIN.</b>
------------------------------	---	---	---	--	-----------------------------	---------------------------	------------------	-----------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farming</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Woodruff Co., Ark.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>
--	--	---	---

<b>13a. FATHER'S NAME</b> <b>George Kirksey</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lottie Meeks</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Ada Owens Kirksey</b>
--	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Boyd Kirksey</b>	<b>18. ADDRESS</b> <b>Walnut Ridge, Ark.</b>
--	--	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>16 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pulmonary tuberculosis</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>002X</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	--	-----------------------------------

**22. I hereby certify that I attended the deceased from June, 1952, to Sept, 1953, that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 12:50P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Walker MR</i>	(Degree or title)	<b>23b. ADDRESS</b> <i>Mammoth Spring Ark.</i>	<b>23c. DATE SIGNED</b> <i>9-15-53</i>
---	-------------------	---	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>9/9/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Riverside Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mammoth Spring, Ark.</b>
---	-----------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>9-18-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Arthur Wolff</i>	<b>25. GENERAL DIRECTOR'S SIGNATURE</b> <i>Deland Carter</i>	<b>ADDRESS</b> <i>Thayer Mo</i>
---	---	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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

*Richard Carter*

Licensed Embalmer No. 4516

P. O. Address Shreveport, La.

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.