

Each year you

STANDARD CERTIFICATE OF DEATH

34834

State File No.

FILED SEP 29 1953

REG. DIST. NO. 357

PRIMARY REG. DIST. NO. 6222

Registrar's No. 20

80
3

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Moundville</u>		c. CITY OR TOWN <u>Holden</u>	
c. LENGTH OF STAY (In this place) <u>1 hr</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 43</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Kirkendoll</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-21-1931</u>
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CB&Q RR.</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fred Kirkendoll</u>		13b. MOTHER'S MAIDEN NAME <u>Ray C. Flowers</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>		16. SOCIAL SECURITY NO. <u>49332 3271</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred L. Kirkendoll</u> ADDRESS <u>Holden Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration, brain, extensive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Compound fracture, skull, severe</u>		DUE TO (c) <u>Automobile accident</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Moundville Hiway 43</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Vernon</u> (COUNTY) <u>Missouri</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 19, 1953 2A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>	
22. I hereby certify that I attended the deceased from <u>Sept. 19 1953</u> , to <u>Sept. 19 1953</u> , that I last saw the deceased alive on <u>Sept. 19 1953</u> , and that death occurred at <u>2:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>Sept. 19, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mo -</u>
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>Sept 25 1953 Mrs Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada Robb Funeral Home</u>		ADDRESS <u>Holden</u>

330-0

(Licensed Embalmer's Statement on Reverse Side)

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DEC 30 1957

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 Ruby F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.