

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

State File No. **3636**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **6093** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Mo. State School Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Dixon Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo. TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon Mo.	
c. LENGTH OF STAY (in this place) 7 yrs. 2		d. STREET ADDRESS (If rural, give location) 0660 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State School			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Laura	b. (Middle) Belle	c. (Last) Kirwood	(Month) 2	(Day) 6	(Year) 54
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-4-1922	9. AGE (In years last birthday) 31	10. UNDER 1 YEAR Months 8 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Philippines	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Dr. Robert C. Kirwood	13b. MOTHER'S MAIDEN NAME Laura M. Smith	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Reada Mo. State School, Marshall Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocarditis 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 3533	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) m.	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 **Dec. 26, 1953**, to **Feb. 6, 1954**, that I last saw the deceased alive on **Feb. 6, 1954**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vivian E. Shade M.D.	23b. ADDRESS Mo. State School	23c. DATE SIGNED 2-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-8-54	24c. NAME OF CEMETERY OR CREMATORY Sheria
24d. LOCATION (City, town, or county) (State) Mo.		

DATE REC'D BY LOCAL REG. Feb. 9 - 54	REGISTRAR'S SIGNATURE Dwight J. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC 17 1934

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 Joseph R. Mach No.

Licensed Embalmer No. 45^A

P. O. Address Amis NDWRITING. (F

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

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