

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21855**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY OR TOWN Moundville	
c. LENGTH OF STAY (In this place) Minutes		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada, City Hospital			
e. STREET ADDRESS (If rural, give location) R.R. # 1		1080	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lee c. (Last) Dirks		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 2-6-1947	
9. AGE (In years last birthday) 7		10. MONTHS <input type="checkbox"/> YEAR <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MINS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Richard Dirks		13b. MOTHER'S MAIDEN NAME Edith Wolf		14. NAME OF HUSBAND OR WIFE Child	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Child		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. Richard Dirks Moundville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Myocarditis & Endocarditis		DUPLICATE OF (a) none		7 yrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) none			
DUPLICATE OF (c) none		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **Birth** 1947 to **6-8**, 1954, that I last saw the deceased alive on **6-7**, 1954, and that death occurred at **about 1:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. P. Love		23b. ADDRESS Nevada, Mo		23c. DATE SIGNED 6/10/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-1954		24c. NAME OF CEMETERY OR CREMATORY Wilburn Cemetery		24d. LOCATION (City, town, or county) (State) Moundville, Mo.	
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DATE REC'D BY LOCAL REG. 6-17-54		REGISTRAR'S SIGNATURE Anna E. Ferry		5. GENERAL DIRECTOR'S SIGNATURE Behinger		ADDRESS Nevada Mo	
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(Licensed Embalmers' Statement on Reverse Side)

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

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 *Jerry F. Melster*.....

Licensed Embalmer No. *480*.....

P. O. Address *Nevada*.....

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.