

S. No. 300
V. 10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22561**

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5363 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY OR TOWN <u>Rural-Jefferson Twn.</u>		c. CITY OR TOWN <u>Rural-Jefferson Twn.</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Altamont, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Altamont, Mo.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Altamont, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>Mary Margaret Kirk</u>		4. DATE OF DEATH <u>July 6, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 15, 1883</u>	
9. AGE (in years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jake Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Rhoades</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Logan Kirk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Logan Kirk, Rt. 1, Altamont, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of lungs, enlargement of heart</u> ANTECEDENT CAUSES <u>Pneumonia, possible cancer of stomach</u> DUE TO (b) _____ DUE TO (c) <u>acute hemorrhage from bowels & stomach</u> 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 <u>151x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>June 19, 1954</u> , to <u>July 6, 1954</u> , that I last saw the deceased alive on <u>July 6, 1954</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. Bailey</u>		23b. ADDRESS <u>Pattonburg, Mo.</u>	
23c. DATE SIGNED <u>7-12-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>T.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virginie M. Engelhart</u>	
DATE REC'D BY LOCAL REG. <u>7-12-54</u>		ADDRESS <u>Pattonburg, Mo.</u>	

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

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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

Louis Quest

Licensed Embalmer No. 4096

P. O. Address Patterson, N.J.

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.