

No. 300
10. 48 C

STANDARD CERTIFICATE OF DEATH

34358

State File No.

FILED NOV 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>613 NORTH LIBERTY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 NORTH LIBERTY</u>			

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3. NAME OF DECEASED a. (First) <u>ETHEL</u>		b. (Middle) <u>EDNA</u>		c. (Last) <u>KIRK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 5, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify NEVER MARRIED)		8. DATE OF BIRTH <u>SEPTEMBER 22, 1887</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>		IF UNDER 11 HRS. Hour <u> </u> Min. <u> </u>		11. BIRTHPLACE (State or foreign country) <u>MCDONALD COUNTY, MISSOURI.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WILLIAM G. KIRK</u>		13b. MOTHER'S MAIDEN NAME <u>JENNETTE TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MISS BETHA KIRK WEBB CITY, MISSOURI</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		DUE TO (b) <u>arthritis deformans</u>				47 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u> </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>7230</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Nov 6, 1954, that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Madeline Switzer M.D.</u>		(Degree or title)		23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>11/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARIONVILLE, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>11-6-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE LEWIS FUNERAL HOME INC WEBB CITY, MO</u>	
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(Licensed Emballer's Statement on Reverse Side)

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

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County File Number 54-11-903
Date Filed NOV 8 1954

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 Gray Lewis

Licensed Embalmer No. _____

P. O. Address _____

*3445
Webb City 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.