

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37955

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3440</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>Leeper Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ASA</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>KIRTLEY</u>	
		4. DATE OF DEATH		(Month) <u>Dec. 5,</u>		(Day) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 17, 1863</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 24 MIN. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clothing Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mens clothing</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Euphronous Kirtley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Stuckey</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Gunn, St. Louis, Mo.</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary embolism</u> DUE TO (c) <u>Phlebotrombosis, inferior vena cava</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive pulmonary disease</u> <u>Subarachnoid hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>12 hrs.</u> <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>1947</u> , to <u>5 Dec</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5 Dec</u> , 19 <u>54</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles M. Grace, M. A.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>7 Dec 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec. 8, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mooreville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mooreville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-7-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Donald Hodson</u>		ADDRESS <u>Chillicothe, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

---

---

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 Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chattanooga, 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.