

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40065

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 87

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| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> | |
| c. LENGTH OF STAY (in this place) <u>31 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>405 Broadway</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>ELSIE</u> | b. (Middle) <u>LE NORE</u> | c. (Last) <u>KIRSCH</u> | (Month) <u>Dec.</u> | (Day) <u>22,</u> | (Year) <u>1954</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 1, 1886</u> | 9. AGE (In years last birthday) <u>68</u> | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Cooter</u> | 14. NAME OF HUSBAND OR WIFE <u>Ralph Kirsch</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ralph Kirsch,</u> | ADDRESS <u>Lamar, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic condition;</u> <u>brain embolism</u> DUE TO (b) <u>Heart failure</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Lamar</u> <u>Barton</u> <u>Mo.</u> |
| 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 1, 1954, to Nov 22, 1954, that I last saw the deceased alive on 12-21-54, 1954, and that death occurred at 12 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Guedner M.D.</u> | 23b. ADDRESS <u>Lamar Mo.</u> | 23c. DATE SIGNED <u>12-21-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 24, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>12-24-54</u> | REGISTRAR'S SIGNATURE <u>Marie Kanantz</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u> | ADDRESS <u>Lamar, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

1980 08 0200313

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 Clayton H. Childs

Licensed Embalmer No. 3473

P. O. Address Lama, 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.