

No. 300  
10.48

FILED JAN 28 1955

# STANDARD CERTIFICATE OF DEATH

State File No. **1876**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cranby</b>		c. CITY OR TOWN <b>Cranby</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 yr.</b>		e. STREET ADDRESS (If rural, give location) <b>0730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kimbrough Rest Home</b>			

3. NAME OF DECEASED a. (First) <b>Elsie</b> b. (Middle) <b>Virkler</b> c. (Last) <b>Virkler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-15-55</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>10-14-1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Laroux, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Joseph Virkler</b>		13b. MOTHER'S MAIDEN NAME <b>Kathryn Garbar</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. W. H. Robinson - Diamond, Mo.</b>	
ADDRESS _____		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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the lung (Apical tumor)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>over 6 Mo.</b>	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
		DUE TO (c) _____			
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 _____		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) <b>163X</b>	
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 **12-9, 1954** to **1-15, 1955**, that I last saw the deceased alive on **1-1, 1955**, and that death occurred at **1:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles O. Chester D.O.</b>		23b. ADDRESS <b>Box 97 GRANBY Mo</b>		23c. DATE SIGNED <b>1-24-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-18-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Garbar Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Granby, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Jan 24, 1955</b>		REGISTRAR'S SIGNATURE <b>M. L. Young</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. E. Shumaker</b>	
				ADDRESS <b>Granby, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 155-5

Date Filed JAN 26 1955

NEWTON COUNTY HEALTH UNIT  
NEOSHO, MISSOURI

NEOSHO, MISSOURI  
NEWTON COUNTY HEALTH UNIT

**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 F. E. Stewmaker Jr.

Licensed Embalmer No. 492  
Box 58  
P. O. Address Granby, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.