

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12881**

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JAMES		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY OR TOWN ST. JAMES		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ←				STREET ADDRESS (If rural, give location) 0810			
3. NAME OF DECEASED (Type or Print) a. (First) Mable b. (Middle) G c. (Last) Kirgan			4. DATE OF DEATH (Month) (Day) (Year) APR. 14, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MAR. 27, 1876	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY ←		11. BIRTHPLACE (City and State or Foreign Country) De Witt, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chas. Armstrong		13b. MOTHER'S MAIDEN NAME Orbelia Vance		14. NAME OF HUSBAND OR WIFE Walter Kirgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ←		16. SOCIAL SECURITY NO. ←		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.P. Kirgan - (SON) ST. James, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CARDIO-VASCULAR DISEASE Atherosclerosis Hypertension DUE TO (b) ← DUE TO (c) ←				INTERVAL BETWEEN ONSET AND 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 7-9 , 19 53 , to 4-14 , 19 55 , that I last saw the deceased alive on 4-13 , 19 55 and that death occurred at 12:10 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edw. Grosskreutz M.D.				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 4-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		24d. LOCATION (City, town, or county) (State) ST. JAMES, MO.	
DATE REC'D BY LOCAL REG. 4-17-1955		REGISTRAR'S SIGNATURE Ruth B. Powell 479		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orlop E. Licklider - St James Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *me*....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Orrell E. Hopkins*

Licensed Embalmer No. *350*

P. O. Address *St. James*

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.