

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34220

State File No. \_\_\_\_\_

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>606 Carleton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>IDA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>VANAUSDALE</u>	<u>Nov - 4 - 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED, <input type="checkbox"/> (Specify)	8. DATE OF BIRTH <u>Dec - 20 - 1859</u>		9. AGE (In years last birthday) <u>95</u> <input type="checkbox"/> MONTHS <u>10</u> <input type="checkbox"/> DAYS <u>14</u>
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Palatka, Ill.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Marion H. Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Carlona Wren</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>2</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John L. Knudall</u> ADDRESS <u>Caruthersville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>794X</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	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., to or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Missouri, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 10-15-1955, to 11-4-1955, that I last saw the deceased alive on 11-4-1955, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. J. Aguirre, M.D.</u>	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prunes</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 9, 1955</u>	REGISTRAR'S SIGNATURE <u>Lucie B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Deau</u> ADDRESS <u>Caruthersville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

11-318-55

NOV 14 1955

NOV 17 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

1956 E AM

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 *Noel C Dean*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville 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.