

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35033

318

1003

8899

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>1829 Sidney St.</u>				e. STREET ADDRESS (If rural, give location) <u>23 1829 Sidney St</u>				
3. NAME OF DECEASED (Type or Print): a. (First) <u>James</u> b. (Middle) <u>Madison</u> c. (Last) <u>New Kirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1955</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>July 29, 1879</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Days <u>7</u>		IF UNDER 1 YEAR Hours <u>12</u>		IF UNDER 1 MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Newkirk</u>			13b. MOTHER'S MAIDEN NAME <u>Lula Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>492-16-7315</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Schneider</u> ADDRESS <u>St. Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>July 18-55</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Coronary vessel disease</u> Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Cardio-Vascular disease</u> <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 18, 1950</u> to <u>Oct 11, 1950</u> , that I last saw the deceased alive on <u>Oct 11, 1955</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. G. Moore</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>917 So 18th</u>		23c. DATE SIGNED <u>10-11-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not Run Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 13 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Futher Sparks</u> ADDRESS <u>Petersons</u>				

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1957

*[Faint handwritten marks]*

**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 *Murphy L. Sparks*.....  
Licensed Embalmer No. *13570*.....

P. O. Address *1401 River St*.....

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.