

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40291

State File No.

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|---|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>133</u> | | PRIMARY REG. DIST. NO. <u>3022</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Harrison</u> | | b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bethany</u> | | c. CITY OR TOWN <u>Gentry</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) <u>4 day</u> | | e. STREET ADDRESS (If rural, give location) <u>Huggins Township County</u> | | b. COUNTY <u>Gentry</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1955</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Mary</u> | | b. (Middle) <u>Elizabeth</u> | | c. (Last) <u>Kirk</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>Aug 8, 1894</u> | |
| 9. AGE (In years last birthday) <u>61</u> | | 10. 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>Gentry county, Mo.</u> | |
| 10a. USUAL OCCUPATION | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Anderson J. Harris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Channie Valentine</u> | | 14. NAME OF HUSBAND OR WIFE <u>Myrl Kirk</u> | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrl Kirk Stanberry, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| ANTECEDENT CAUSES | | | | DUE TO (b) <u>Chronic Arterial Hypertension</u> | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <u>12-15</u> ^{10:55} to <u>12-20</u> , 1955, that I last saw the deceased alive on <u>6:30 am</u> ¹⁹⁵⁵ , and that death occurred at <u>6:30 m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Gilbert H. Thayer</u> (Degree or title) <u>DO</u> | | | | 23b. ADDRESS <u>Bethany Mo</u> | | 23c. DATE SIGNED <u>12-20-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Dec 22, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hugginsville</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gentry County Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12/22/55</u> | | REGISTRAR'S SIGNATURE <u>Zoe Burris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford Brock Albany Mo</u> | | | |

(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 *Robert Smith*.....
Licensed Embalmer No...3329

P. O. Address...Albany, 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.