

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1956

State File No. **5371**  
Registrar's No. **61**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>89 yrs.</b>	c. CITY OR TOWN <b>Carthage</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1002 South Main Street</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>1002 South Main Street</b>		STREET ADDRESS (If rural, give location) <b>1002 South Main Street</b>	

3. NAME OF DECEASED (Type or Print) <b>LUELLA KIRKE</b>			4. DATE OF DEATH <b>March 2, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 1, 1858</b>	9. AGE (in years last birthday) <b>97</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Darlington, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Fredrick S. Haughwought</b>	13b. MOTHER'S MAIDEN NAME <b>Alzada Tiffany</b>	14. NAME OF HUSBAND OR WIFE <b>Alexander Kirke</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>Miss Irene Kirke, Carthage, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chr nephritis</b>		
	ANTECEDENT CAUSES Morbid 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)
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 **1940**, to **Mar 2 '56**, that I last saw the deceased alive on **Mar 1st**, 19 **56**, and that death occurred at **12:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>W E Byrd</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Carthage, Missouri</b>	23c. DATE SIGNED <b>3-2-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-5-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-3-56</b>	REGISTRAR'S SIGNATURE <b>Edw Clutter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary, Carthage, Missouri</b>	ADDRESS

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

RECEIVED MAR 8 1956  
Jasper County Health Office  
County File Number 56-3-223  
Date Filed MAR 8 1956

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.