

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8598**

BIRTH NO.		REG. DIST. NO. 99	PRIMARY REG. DIST. NO. 4171	Registrar's No. 20
1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY County		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. LENGTH OF STAY (in this place) 2 years	c. CITY OR TOWN Mirabile	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0825		
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) Alexander	c. (Last) Shirk	4. DATE OF DEATH (Month) (Day) (Year) 3-9-1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 26-1868	9. AGE (in years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Forreston, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel David Shirk		13b. MOTHER'S MAIDEN NAME Sarah Holsinger	14. NAME OF HUSBAND OR WIFE Mary A. Shirk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Amy Shirk, Clarksdale, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Atherosclerosis DUE TO (c) Generalized Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 days many years many years many years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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)	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 Jan 30 1955 to Mar. 9, 1956 , that I last saw the deceased alive on Mar. 4, 1956 , and that death occurred at 4:30 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) D. E. Goldberg M.D.		23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 3/10/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-11-1956	24c. NAME OF CEMETERY OR CREMATORY Log Creek Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell County, Mo	
DATE REC'D BY LOCAL REG. 3-14-56	REGISTRAR'S SIGNATURE Robert Davidson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Mo.		

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Walter Clark*

Licensed Embalmer No. *325*

P. O. Address *Kingston*

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.