

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12410

State File No. _____

FILED APR 30 1956

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>442</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Buchanan</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>OREGON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>29 days</u>		e. STREET ADDRESS (If rural, give location) <u>0471</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp</u>				
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>BENJAMIN</u>			APRIL 19 1956	
b. (Middle) <u>EVERT</u>				
c. (Last) <u>KIRK</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 1-1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	10. AGE (In years last birthday) <u>70</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR OREGON, MO.</u>
12a. FATHER'S NAME <u>THOMAS KIRK</u>		12b. MOTHER'S MAIDEN NAME <u>MARY ELLEN BROWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>BLANCHE ETHEL 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. <u>488-14-6956</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BLANCHE KIRK</u> ADDRESS <u>OREGON, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio-sclerotic Heart - 4-5 yrs</u>		
		DUE TO (c) <u>Cardiac Decompensation</u> <u>8 Wks.</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"/>
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)		<u>4200</u>
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>Mar-20, 1956</u> , to <u>Apr-19, 1956</u> , that I last saw the deceased alive on <u>Apr-18, 1956</u> , and that death occurred at <u>2.45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>T.L. Howden M.D.</u>		23b. ADDRESS <u>419 Kirkpatrick Bldg</u>		23c. DATE SIGNED <u>4-19-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 21 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OREGON, MO</u>	24d. LOCATION (City, town, or county) (State) <u>OREGON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. OFF. <u>Apr 23, 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon 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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Pettijohn
Licensed Embalmer No.....
P. O. Address.....*Oregon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.