

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17060**

306
48

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain 041	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hannibal 0	c. LENGTH OF STAY (in this place) township) _____	c. CITY OR TOWN Vandalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth's Hospital		e. STREET ADDRESS (If rural, give location) 805 W. Bland	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Edith	b. (Middle) Lorene	c. (Last) Kirk	May 26, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Aug. 31, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Green Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Henry Camerer		13b. MOTHER'S MAIDEN NAME Eliza Dunigan		14. NAME OF HUSBAND/OR WIFE Lester C. Kirk	
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 Eulah Houston, Vandalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hours 4 years years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) gen. arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1955	19b. MAJOR FINDINGS OF OPERATION amputation both legs 260X		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 **June 1954**, to **5/26/56**, that I last saw the deceased alive on **5/26/56** 19____, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward Derene MD	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 5/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 28, 1956	24c. NAME OF CEMETERY OR CREMATORY Central Union Cemetery	24d. LOCATION (City, town, or county) (state) AK Pike Co., Mo.
DATE REC'D BY LOCAL REG. 6-4-56	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William ... Vandalia, Mo.	

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

RECEIVED JUN 9 1956
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 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 *William B. Waters*

Licensed Embalmer No. *416*

P. O. Address *Wendell, Va.*

*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.