

FILED AUG 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23164

State File No.

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Plattsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>212 CLAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 CLAY</u>			

3. NAME OF DECEASED a. (First) <u>Adella</u> b. (Middle) <u>G.</u> c. (Last) <u>Kirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>JAN 12 1867</u>		9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>William Skull</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT McDONALD</u>		14. NAME OF HUSBAND OR WIFE <u>Theophilus Kirk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. TOM FRY</u> ADDRESS <u>Plattsburg, 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>Fibrosis Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute Viral Hepatitis</u>		<u>18 Mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Hypertension</u>		<u>8 yrs</u>	
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) (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 1948 to Aug 8, 1956 that I last saw the deceased alive on Aug 8, 1956, and that death occurred at 5 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Spalding, M.D.</u> (Degree or title)		23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>Aug 8, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 11 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlaw</u>	
24d. LOCATION (City, town, or county) (State) <u>Plattsburg, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elizabeth Seacrest</u> ADDRESS <u>Plattsburg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 11-56</u>		REGISTRAR'S SIGNATURE			

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

441

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
Student Embalmer

Signed Danell R. Lyson

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Md.

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 this body is not embalmed, fact should be so stated above.