

23209

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5312 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cooper

b. CITY (If outside corporate limits, write RURAL and give town) Rural, Clarks Fork Twp
c. LENGTH OF STAY (In this place) Life

c. CITY OR TOWN Boonville
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Boonville RR 2

e. STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First) Harry b. (Middle) George c. (Last) Kirchner

4. DATE OF DEATH (Month) (Day) (Year)
August 5 1956

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH February 12 1878

9. AGE (In years) (Last birthday) 78
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicholas Kirchner.

13b. MOTHER'S MAIDEN NAME Josephine Runkle.

14. NAME OF HUSBAND OR WIFE Minnie Belle Hurt Kirchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Richard Kirchner, Boonville, 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) Arterio-sclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 mo.
?

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

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)
Boonville, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 5, 1912, to Aug 5, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 4:4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. L. DeGraeger M.D.

23b. ADDRESS Boonville Mo

23c. DATE SIGNED 8/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 8 1946

24c. NAME OF CEMETERY OR CREMATORY Walnut Grove

24d. LOCATION (City, town, or county) (State) Boonville, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE U. T. Meredith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

0270

420

No. _____ Date _____
 Name of Deceased _____
 Residence _____
 City _____ State _____
 Date of Death _____
 Cause of Death _____
 Age at Death _____
 Sex _____
 Race _____
 Religion _____
 Marital Status _____
 Occupation _____
 Education _____
 Social Security No. _____
 Burial Place _____
 Name of Burial Place _____
 City _____ State _____

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo.

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.