FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35152
STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) none — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Clair
c. CITY OR TOWN Appleton City 93 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Herbert Middle Emerson Last Kirk
4. DATE OF DEATH: Month Oct. Day 18 Year 56
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH: Oct 5 - 1875
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Rental
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Henry Co., Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James A Kirk
14. MOTHER'S MAIDEN NAME: Tillitha Clack
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.: 254-14-7966
17. INFORMANT: Irma Conrad — Address: Appleton City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture 2nd Cervical Vertebra — Immediate
(Diagnosis made by X-ray exam)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9020
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from roof of deceased's home.
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year Oct 18 1956
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Appleton City COUNTY St Clair STATE Mo

21. I attended the deceased from D.O.A. to and last saw her/him alive on Sept 1956
Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD
22b. ADDRESS Appleton City Mo
22c. DATE SIGNED 20 Oct 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 21-56
23c. NAME OF CEMETERY OR CREMATORY: Appleton City
23d. LOCATION (City, town, or county) (State): Appleton City Mo.

24. FUNERAL DIRECTOR: Oscar Fettoff — ADDRESS: Appleton City
25. DATE REC'D. BY LOCAL REG.: Oct. 20, 1956
26. REGISTRAR'S SIGNATURE: Cleo Abney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Oscar Eastop.....

Licensed Embalmer No. 3..

P. O. Address Appleton

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.