

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37764

State File No.

FILED NOV 19 1956

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY OR TOWN <u>Bethany</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>136 Highway East 0410</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u>		b. (Middle) <u>Lamere</u>		c. (Last) <u>Kirk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-12-1909</u>	
9. AGE (in years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Milton Malje</u>		13b. MOTHER'S MAIDEN NAME <u>Jossie Atteberg</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Kirk Bethany Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>720</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Kirk Bethany 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>Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
19a. DATE OF OPERATION <u>5/30/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma of Cervix in nodes</u>				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 <u>11-3</u> , 19 <u>54</u> , to <u>11-11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>56</u> , and that death occurred at <u>3:45A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Merrion Parshat M.D.</u>				23b. ADDRESS <u>Bethany, Mo</u>		23c. DATE SIGNED <u>11-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burris</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14, 56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>703 Haco Bethany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

116

NOV 27 1958

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..... *W. B. [Signature]*

Licensed Embalmer No. *3899*

P. O. Address *Bethany*

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.