

Health, Welfare & Public Service

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Section, coroner, etc. must use only standard nomenclature in item 10. No symptoms with secondary diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1957

696

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Co</u> b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>Jefferson City Mo</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u> c. CITY OR TOWN <u>Bonnots Mill</u> d. STREET ADDRESS <u>rural</u>			
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>J</u> Last <u>Kirsch</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>13</u> Year <u>1957</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 6, 1932</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broiler Raiser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and state or country) <u>Shell City Mo.</u>			
13. FATHER'S NAME <u>Theodore Kirsch</u>			14. MOTHER'S MAIDEN NAME <u>Antonia Maus</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>495-36-1471</u>		17. INFORMANT <u>Mr. Theodore Kirsch Bonnots Mill</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracranial laceration</u> DUE TO (b) <u>Skull fracture</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>Voluntary</u>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car hit a bridge - Hwy 50 East (1/2 mi E. of Palace Inn.)</u>					
20c. TIME OF INJURY <u>11:30 p.m. 1-13-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cole county rd Jefferson City Mo</u>					
21. I attended the deceased from <u>1-13-57</u> and last saw him alive on <u>1-13-57</u> Death occurred at <u>1 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Dean Taylor M.D.</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Jan. 16, 1957</u>		23c. LOCATION (City, town, or county) (State) <u>Bonnots Mill Missouri</u>			
24. FUNERAL DIRECTOR <u>Lybster Delle</u>		25. DATE RECD. BY LOCAL REG. <u>15 January 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Dorris, MD - MR.</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1957

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 *Sylvester Dulle* .....  
Licensed Embalmer No. *40*  
P. O. Address *Jefferson*

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.