THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021712
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. State Sanatorium — Length of stay in 1b 60 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California — Inside Limits Yes ☐ No ☐
0681 0
d. STREET ADDRESS (If outside, give location) 411 E. Main — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Otto Middle John Last Kirchner

4. DATE OF DEATH Month June Day 25, Year 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 3
8. DATE OF BIRTH Jan. 11, 1886
9. AGE (In years last birthday) 71 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Millbrook, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Kirchner
14. MOTHER'S MAIDEN NAME Maggie Blochberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-05-8855
17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Colitis — INTERVAL BETWEEN ONSET AND DEATH approx. 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 571.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4 - 26 - 57, to 6 - 25 - 57 and last saw ~~her~~ him alive on 6-25-57
Death occurred at 5:10 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

X 22a. SIGNATURE (Degree or title) George H. Hobler, M.D. 0
22b. ADDRESS Mt. Vernon, Missouri
22c. DATE SIGNED 6-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June-25-1957
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) California Missouri

24. FUNERAL DIRECTOR H. D. Fassett — ADDRESS Mt. Vernon Mo
25. DATE RECD. BY LOCAL REG. 6-26-57
26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

11-0

MAY 5 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 2-

P. O. Address Mt. Pleas

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.