

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH 3836

State File No. 45201

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Route 5</b> township)		c. LENGTH OF STAY in this place <b>30 yrs</b>	c. CITY OR TOWN <b>Neosho</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 5 Neosho</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Rural Route 5 Neosho, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Price</b> c. (Last) <b>Kirk</b>			4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>14,</b> (Year) <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, / WHOSE, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 30, 1884</b>	9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>				

13a. FATHER'S NAME <b>Price Kirk</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Peck</b>		14. NAME OF HUSBAND OR WIFE <b>Mae Kirk</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>486-42-3925</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mae Kirk Neosho, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b> DUE TO (c) <b>4201F</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Car accident. Admitted hospital 11-2-57 and discharged 11-8-57. Diagnosis: Scalp laceration,</b>			

19a. DATE OF OPERATION <b>None</b>	19b. <del>TOO MANY SPECIMENS</del> <b>vertex; nose laceration; bridge; nose fr. left nasal bone; poss. rib fr. &amp; chest wound; hypertension, essential.</b>	20. AUTOPSY? <b>2</b> 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 **Not attended.**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melvin C. Bowman</b>		23b. ADDRESS <b>M.D., Registrar. Neosho, Mo.</b>	23c. DATE SIGNED <b>12-5-57</b>
24a. BURIAL, CREMATION, REBURY (Specify)	24b. DATE <b>Nov. 16, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>

DATE REC'D BY LOCAL REG. <b>12-7-57</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clark Funeral Home Neosho, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. Heuster  
District File Number 1257-288  
Date Filed DEC 16 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 Fred L. Clark, Student Embalmer No. 550 working under my personal supervision.

Student Fred L. Clark  
Signature of Student Embalmer

Signed Marjellen Pickett  
Licensed Embalmer No. 416  
P. O. Address Heuster, W.

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.