

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015208  
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 273 Primary Registration District No. 3055915 Registrar's No. 38

S. 300  
r. 1-57

790

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Perryville 0799</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville R.P.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R.2.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Mary</u> Last <u>Kirn</u>			4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 2, 1867</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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 country) <u>Cape Girardeau County, Mo., U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Welker</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Weisbrod</u>		14. NAME OF HUSBAND OR WIFE <u>Barney Kirn</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Geo. S. Kirn, Perryville, Mo. R.2</u>	
18. CAUSE OF DEATH (Enter only one cause per line by (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Infinite of age</u> 334X					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at <u>6:30 P.M.</u> <u>1949</u> to <u>Apr 13 1958</u> and last saw her alive on <u>4/12/58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Dr. M. Weidman</u> (Degree or title)		22b. ADDRESS <u>Perryville Mo</u>		22c. DATE SIGNED <u>4/14/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 16, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cem. Perryville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>April 15 - 1958</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zeller</u>	

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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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Albert Bey* .....

Licensed Embalmer No. *3866* .....

P. O. Address *Ferrymille, Va* .....

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.