

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022472

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 181

Primary Registration District No. 5677

Registrar's No. 43

S. 300

1-57

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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 LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MCCRUDER STATION		c. CITY OR TOWN EOLIA	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 61		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) RFD
3. NAME OF DECEASED (Type or print) First BILLIE Middle G Last MEIKIRK			4. DATE OF DEATH Month JULY Day 7 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 3 1950
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) HANNIBAL MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME BILLIE G MEIKIRK	
13b. MOTHER'S MAIDEN NAME D DROTHY NEDDIA MARSHALL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT BILLIE G MEIKIRK EOLIA, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull & Other Injuries DUE TO (b) Automobile Traumatism DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Inst. _____
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.) Child ran across hiway, Struck by car.	
20c. TIME OF INJURY Hour 11 a.m. Month 7 Day 7 Year 58		20d. INJURY OCCURRED WHILE AT <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.) Hiway #61		20f. CITY, TOWN, OR LOCATION 057 COUNTY LINCOLN STATE MO.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 11:00AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Marshall (Degree or title) CORONER		22b. ADDRESS 351 Monroe St, Troy, Mo.	22c. DATE SIGNED 7/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 9-1958	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS LOUISIANA MO	23d. LOCATION (City, town, or county) (State) LOUISIANA MO
24. FUNERAL DIRECTOR GEO M COLLIER LOUISIANA		25. DATE RECD. BY LOCAL REG. 7/11/1958	26. REGISTRAR'S SIGNATURE Mrs. Clarence Krentz

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 *Harold C. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.