Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022518
STATE FILE NUMBER

FILED JUN 30 1958
40887-58

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Livingstom
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chillicothe Hospital — Length of stay in 1b 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Csrroll
c. CITY OR TOWN Bogard, — Inside Limits Yes [ ] No [X]
0170
d. STREET ADDRESS RFD# (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First DALE Middle ALLEN Last KIRKER

4. DATE OF DEATH Month June Day 23rd Year 1958

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] child DIVORCED [ ]
8. DATE OF BIRTH June 21, 1958
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0m Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Chillicothe Hospital 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allen Kirker
13b. MOTHER'S MAIDEN NAME Ruby (Dean) Kirker
14. NAME OF HUSBAND OR WIFE XX

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Allen Kirker Address Bogard, Missouri

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) Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH 40 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mother had Toxemia of Pregnancy 7620
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 6-21-58, to 6-23-58 and last saw ~~her~~ him alive on 6-22-58
Death occurred at 3A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph F. Gale M.D. 0
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 6-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June24, 1958
23c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery
23d. LOCATION (City, town, or county) (State) Tina, Missouri

24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin Tina, Mo.
25. DATE RECD. BY LOCAL REG. 61-23158
26. REGISTRAR'S SIGNATURE Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Clifford W. Justice

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.