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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0228862

STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 280 Primary Registration District No. 5960 Registrar's No. 28

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1. PLACE OF DEATH a. COUNTY Platte County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 71		Length of stay in 1b Transient	d. STREET ADDRESS (If outside, give location) 5605 King Hill Ave.
3. NAME OF DECEASED (Type or print) First Jasper Middle Jordan Last Kirschner		4. DATE OF DEATH Month June Day 22 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tech. Sergt.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
13a. FATHER'S NAME Henry Kirschner		13b. MOTHER'S MAIDEN NAME Mae Jordan	14. NAME OF HUSBAND OR WIFE Betty June Kirschner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give year or years of service) Yes U.S. 2 & Korean		16. SOCIAL SECURITY NO. 488-22-7167	17. INFORMANT Mrs. Betty June Kirschner
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BASAL SKULL FRACTURE			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) AUTO ACCIDENT			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour 1:15 p.m. Month, Day, Year 6-22-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) PUBLIC HIGHWAY	20f. CITY, TOWN, OR LOCATION GREEN TWP. PLATTE MO.	COUNTY PLATTE STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at APPROX. 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Voland M. Giffec, Coroner		22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 6-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 24, 1958	23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Clark Funeral Home		25. DATE RECD. BY LOCAL REG. 6-22-58	26. REGISTRAR'S SIGNATURE Opheia Rollins

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

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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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. R. Vaughn*

Licensed Embalmer No. *4023*
P. O. Address *Weston, Mo*

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.