

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025183

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 730

1-57

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Greene  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Dallas                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN #0#0#0# Springfield  |   | c. CITY OR TOWN 0300 Buffalo, Missouri 0  |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Foster Nursing   |   | d. STREET ADDRESS (If outside, give location)<br>1mo.8da.   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>John W. Kirk  |   | 4. DATE OF DEATH<br>Month Day Year<br>July 20, 1958   |   |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>White   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Unknown<br>May 31, 1876   |
| 9. AGE (In years last birthday)<br>82   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own farm   | 9. AGE (In years last birthday)<br>82   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own farm   | 11. BIRTH PLACE (City and state or country)<br>Unknown PLad-mo  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13a. DECEASED'S NAME<br>John Kirk<br>Unknown  | 13b. DECEASED'S MAIDEN NAME<br>Susan Hollman<br>Unknown   | 14. NAME OF HUSBAND OR WIFE<br>Sarah Kirk   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Yes WW One   | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT Mrs GARTIA (Sister)<br>Wilbur Brown, Springfield, Missouri  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Rheumatic heart disease  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>unknown   |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   | 416X  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Cerebral arteriosclerosis  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |   |   |   |
| 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.)              | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from May 1958 to July 1958 and last saw <sup>the</sup> him alive on May 1958<br>Death occurred at 9:15 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE (Degree or title)<br>Elmer M. Powell, M.D. 0   |   | 22b. ADDRESS<br>609 Cherry, Springfield, Mo   | 22c. DATE SIGNED<br>7-23-58   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>7-23-58  | 23c. NAME OF CEMETERY OR CREMATORY<br>Herndon   | 23d. LOCATION (City, town, or county) (State)<br>Almartha, Missouri                                 |
| 24. FUNERAL DIRECTOR<br>Clinkingbeard Funeral Home, Ava, Mo.  |   | 25. DATE RECD. BY LOCAL REG.<br>7-25-58   | 26. REGISTRAR'S SIGNATURE<br>Effie G. Melton  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1-57  
All diseases in Part I must be causally related.

JUL 29 1958

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 *Charles R. Fish* .....

Licensed Embalmer No. *4662* .....

P. O. Address *Over, ms.* .....

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.