S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040831
State File No.

FILED DEC 11 1958

BIRTH NO. 38175-58 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gideon
c. LENGTH OF STAY (In this place): Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gideon mo.
d. STREET ADDRESS (If rural, give location): Bell Farm

0720

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Kirk

4. DATE OF DEATH (Month) (Day) (Year): November 28 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 24 1958
9. AGE (In years last birthday): | If under 1 year: Months: 6 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): New Madrid Co Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Grover Kirk
13b. MOTHER'S MAIDEN NAME: Myrtle Todd
14. NAME OF HUSBAND OR WIFE: Grover Kirk

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'S SIGNATURE OR NAME: Grover Kirk **ADDRESS**: Gideon Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Undeveloped Heart Foramin Ovale — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Reopened,

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7543
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 28, 19 58, *to* Nov. 28, 19 58, *that I last saw the deceased alive on* nov. 28, 19 58, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Gideon Mo.
23c. DATE SIGNED: 19 58

24a. BURIAL, CREMATION, REMOVAL (Specify): Stanfield
24b. DATE: Nov. 29/58
24c. NAME OF CEMETERY OR CREMATORY: Stanfield
24d. LOCATION (City, town, or county) (State): Clarkton Mo.

DATE REC'D BY LOCAL REG.: 12-3-58
REGISTRAR'S SIGNATURE: Mrs F H Hopkins
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Lloyd Russell Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 .....
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509- Ark

P. O. Address Piggott Ark

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 this body is not embalmed, fact should be so stated above.