

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006535

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 251 Primary Registration District No. Registrar's No. 62

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hubert Rush Home		Length of stay in 1b 2 yrs.	d. STREET ADDRESS (If outside, give location) 2 miles north		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORA Middle JANE Last KIRK			4. DATE OF DEATH Month 3 Day 8 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/27/79	9. AGE (in years or birthday) 79	10. FUNDER 1 YEAR Months 4 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Union County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Davis P. Arnold		13b. MOTHER'S MAIDEN NAME Louissa Benedict		14. NAME OF HUSBAND OR WIFE Fred Kirk, dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Velma Wymore, Maryville, 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) Acute cardiac arrest					INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Complete A-V Block & Stokes Adams Syncope			3 yrs.
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 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 7:00 Month, Day, Year August, 1956 a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Peru		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Maryville, Missouri		20e. COUNTY Peru STATE Iowa	
21. I attended the deceased from August, 1956 , to March 8, 1959 and last saw her alive on Feb. 6, 1959 Death occurred at 7:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) M. D.		
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 3/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/12/59	23c. NAME OF CEMETERY OR CREMATORY Peru		23d. LOCATION (City, town, or country) (State) Peru, Iowa
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 3-11-59		26. REGISTRAR'S SIGNATURE Bess Holt	

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 *John W. Price*

Licensed Embalmer No. *4281*
P. O. Address *Maryville*

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.