

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009715  
STATE FILE NUMBER  
1320

FILED MAR 26 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Independence</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1408 West College</b>	
3. NAME OF DECEASED (Type or print) First <b>ORA LEE</b> Middle <b>VAN KIRK</b> Last		4. DATE OF DEATH Month <b>Mar.</b> Day <b>10</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1901</b> <b>May 10, 1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Food &amp; Die Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food Business</b>	11. BIRTHPLACE (City and state or country) <b>Eldorado Springs, Mo.</b>
13a. FATHER'S NAME <b>Henry Van Kirk</b>		13b. MOTHER'S MAIDEN NAME <b>Allie Scott</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-09-0804</b>	14. NAME OF HUSBAND OR WIFE <b>Opal Van Kirk</b>
17. INFORMANT <b>Opal Van Kirk, 1408 W. College, Indep., Mo.</b>			17. ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema, acute</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocardial Infarction, acute</b>			<b>3 hrs</b>
DUE TO (c) <b>Arteriosclerosis, generalized</b>			<b>3 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <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 Hour Month, Day, Year a.m. 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 <b>12-20-58</b> to <b>3-4-59</b> and last saw him alive on <b>3-4-59</b> Death occurred at <b>11:30</b> p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Charles S. Cooper</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>1226 Ardette Blvd -</b>	
22c. DATE SIGNED <b>3-10-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 14, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
24. FUNERAL DIRECTOR <b>Geo. C. Crison &amp; Sons, Indep., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-12-59</b>	26. REGISTRAR'S SIGNATURE <b>Meva Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Charles S. Cooper

All diseases in Part I must be causally related. All diseases in Part II must be causally related. All diseases in Part I must be causally related.

APR 15 1963

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 *J. H. Gibson* .....

Licensed Embalmer No. *4871* .....

P. O. Address *Indep. 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.