URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-025521
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 16

ENDED

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City, | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 1 | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stoddard
c. CITY OR TOWN Bell City | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ollie Middle xxxxxxxxx Last Kirk
4. DATE OF DEATH Month June Day 4 Year 1960
5. SEX Male
6. COLOR OR RACE Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3,22,88
9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months 2 Days 13 | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Pontotoc, Miss.,
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jim Kirk
13b. MOTHER'S MAIDEN NAME Sarah Kirk
14. NAME OF HUSBAND OR WIFE Lizzie Gross 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. 496,14,5790
17. INFORMANT Lizzie G. Kirk Address Bell City, R. L.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis | INTERVAL BETWEEN ONSET AND DEATH 2yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-24-56, to 6-4-60 and last saw ~~her~~ him alive on 6-4-60
Death occurred at 5 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. O M Rivers, D.C.
22b. ADDRESS Bell City, Missouri
22c. DATE SIGNED 6-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-12-60
23c. NAME OF CEMETERY OR CREMATORY Pilgrim Rest
23d. LOCATION (City, town, or county) Bell City Rural (State) Mo.

24. FUNERAL DIRECTOR Fred J. Smith ADDRESS Sikeston, Mo
25. DATE RECD. BY LOCAL REG. 6/13/60
26. REGISTRAR'S SIGNATURE Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Silverton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.