

PURJ DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018474

Registration District No. 273 Primary Registration District No. --- Registrar's No. 55 STATE FILE NUMBER

FILED JUN 6 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Perry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central TWP</u> | | Length of stay in lb <u>Life</u> | c. CITY OR TOWN <u>Perryville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville Rte #4</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rte #4</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>James</u> Last <u>Kirn</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1961</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-21-56</u> | 9. AGE (last birthday) <u>4</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Melvin Kirn</u> | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Sadler</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Melvin Kirn</u> Address <u>Perryville, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured neck</u> DUE TO (b) <u>Multiple fractures</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>impact injury from car</u> |
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| 20c. TIME OF INJURY Hour <u>5</u> Month <u>5</u> Day <u>15</u> Year <u>61</u> m. p.m. |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u> | 20f. CITY, TOWN, OR LOCATION <u>PERRYVILLE</u> COUNTY <u>PERRY</u> STATE <u>MO</u> |
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| 21. I attended the deceased from <u>Carroll of Perry County, Mo.</u> to <u>Carroll of Perry County, Mo.</u> and last saw her alive on <u>8:40A</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Oliver Weidman</u> <u>Coroner of Perry County, Mo.</u> | 22b. ADDRESS <u>Perryville</u> | 22c. DATE SIGNED <u>5/16/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-17-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u> (State) |
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| 24. FUNERAL DIRECTOR <u>Young & Sons</u> ADDRESS <u>Perryville, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>5-17-61</u> | 26. REGISTRAR'S SIGNATURE <u>Joseph Zollner</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.