MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030145

STATE FILE NUMBER

AMENDED

FILED AUG 31 1961

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 67

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California — Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Roach & Russell St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Morris
c. CITY OR TOWN Council Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) In City — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GYPSIE Middle: ALTA Last: HIRT

4. DATE OF DEATH Month: August Day: 25 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-19-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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): Louisa, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Michael Peters
13b. MOTHER'S MAIDEN NAME: Mary Ferguson
14. NAME OF HUSBAND OR WIFE: Edmund Hirt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Blanch Lemen, California, Mo. (dau.)

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Less than 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma, Primary — 10 years
DUE TO (c) Site undetermined

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: California, COUNTY: Moniteau STATE: Mo

21. I attended the deceased from 5-31-61, to 8-24-61 and last saw her/him alive on 8-24-61
Death occurred at 7:45 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R B Fulke, MD
22b. ADDRESS: California, Mo
22c. DATE SIGNED: 8-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/25/1961
23c. NAME OF CEMETERY OR CREMATORY: Parkerville Cemetery
23d. LOCATION (City, town, or county) (State): Parkerville, Kansas

24. FUNERAL DIRECTOR ADDRESS: Hugh E. Williams, California, Missouri
25. DATE RECD. BY LOCAL REG.: 8-31-61
26. REGISTRAR'S SIGNATURE: Hunsardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 8 1961

NOV 2 1961

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, M

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.