

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036455
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 24

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN, MO		Length of stay in 1b 15 Minutes	c. CITY OR TOWN RURAL MALDEN R-1 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANGE CLINIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R-1 Malden, Mo. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JESSIE Middle LEE Last KIRKWOOD			4. DATE OF DEATH Month OCT , Day 30 Year 1961		
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1930	9. AGE (last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY APPLIANCE CO	11. BIRTHPLACE (City and state or country) KILMICHEL, MISS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME MILES KIRKWOOD	13b. MOTHER'S MAIDEN NAME ALICE UNKNOWN	14. NAME OF HUSBAND OR WIFE GRACIE MAE KIRKWOOD	

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. NO	17. INFORMANT GRACIE KIRKWOOD, MALDEN, MO. R-1 Address
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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) INTERNAL INJURIES		INTERVAL BETWEEN ONSET AND DEATH 45 Min.
DUE TO (b) AUTO ACCIDENT		
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. <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.) Auto Left Road and Overturned several Times
20c. TIME OF INJURY Hour 1:00 a.m. XXXX Month, Day, Year 10-30-61	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.) Highway 62
20f. CITY, TOWN, OR LOCATION 4 Miles E. Malden, Mo. N. Madrid		COUNTY Mo. STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred **2:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) D. O.	22b. ADDRESS Malden, Mo.	22c. DATE SIGNED 11-2-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-61	23c. NAME OF CEMETERY OR CREMATORY MASODONIA	23d. LOCATION (City, town, or county) Malden, Mo.
24. FUNERAL DIRECTOR Day & Knight F. Service Malden, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-3-61	24. REGISTRAR'S SIGNATURE <i>[Signature]</i>

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NOV 6 1961

CITY OF

OF

HEALTH

STATE OF MASSACHUSETTS

DEPARTMENT OF

REGISTRATION

REGISTRATION NO. 1-7

Y

REGISTERED

DATE OF

CERTIFICATE

NO.

ISSUED

REG. NO. 1-7

X

DATE

TIME

A.M.

REGISTERED

OF

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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. _____

and was working under my personal supervision. Date of

Student _____

Signature of Student Embalmer

Signed J. J. Schuman

Registered

Licensed Embalmer No. 4086

Address Malden

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.

REGISTERED