

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040849

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 260

AMENDED

FILED NOV 20 1961

1. PLACE OF DEATH

a. COUNTY

Henry Co.

b. CITY (If outside corporate limits, give TOWNSHIP only)

WINDSOR, Mo.

Length of stay in 1b

8 Mo.

c. FULL NAME OF (If NOT in hospital, give location)

WINDSOR HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. CLAIR

c. CITY OR TOWN

Appleton City, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Rosa Bell KIRK

4. DATE OF DEATH

Month

Day

Year

Nov. 8 - 1961

5. SEX

F

6. COLOR OR RACE

W

7. Married

☐ Never Married ☐

☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAR-31-77

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months 2 Days 7

IF UNDER 24 HR

Hours 7 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Appleton City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm Smith

13b. MOTHER'S MAIDEN NAME

Katherine Fenwick

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Kenneth KIRK Appleton City, Mo.

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)

Acute Bacterial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 days

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)

Cerebral Vascular Accident
Fractured Left Femur

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 11-8-61 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.)

Home

20f. CITY, TOWN, OR LOCATION

Windsor, Mo.

COUNTY

St. CLAIR

STATE

Mo.

21. I attended the deceased from Jan 19-61 to Nov. 8-61 and last saw him alive on 11-8-61

Death occurred at 11-8-61-8 pm on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE

Claude M. Shurber MD

(Degree or title)

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

11/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-11-61

23c. NAME OF CEMETERY OR CREMATORY

Appleton City

23d. LOCATION (City, town, or county)

Appleton City, Mo.

(State)

24. FUNERAL DIRECTOR

Oscar C. Hoff Appleton City, Mo.

ADDRESS

25. DATE REG. BY LOCAL REG.

Nov-11-61

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.