

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032101

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 205

FILED SEP 4 1962

VS 300  
Rev. 4/59

1 0887  
2 0887

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b	c. CITY OR TOWN <b>Moberly</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>815 West Reed St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>815 West Reed St.</b>
3. NAME OF DECEASED (Type or print) First <b>Millard</b> Middle <b>F.</b> Last <b>Kirtley</b>		4. DATE OF DEATH Month <b>August</b> Day <b>19th</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/7/1907</b>
9. AGE (last birthday) <b>55</b>		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) <b>Mortician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mortician</b>	11. BIRTHPLACE (City and state or country) <b>Moberly, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Millard Fillmore Kirtley</b>	
13b. MOTHER'S MAIDEN NAME <b>Mattie Ellen Fletcher</b>		14. NAME OF HUSBAND OR WIFE <b>Harriet</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Harriet Kirtley</b>		Address <b>Moberly, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line during most of working life, even if retired) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction - 2 hours</b>  DUE TO (b) <b>Coronary Arteriosclerosis</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>1956</b> to <b>1962</b> and last saw him alive on <b>August 8, 1962</b> Death occurred at <b>10:55 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Will Fleming</i>		22b. ADDRESS <b>Moberly, Mo.</b>	22c. DATE SIGNED <b>Aug 1962</b>
22a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-21-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Green</b>	23d. LOCATION (City, town, or county) <b>Moberly, Mo.</b>
24. FUNERAL DIRECTOR <b>Mahan-Kirtley</b>	ADDRESS <b>N. Clark, Moberly, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-21-62</b>	25. REGISTRAR'S SIGNATURE <i>Leah...</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 4 1962

SEP 6 1962

**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 Orvil Robertson

Licensed Embalmer No. 4232

P. O. Address Woburn, Mo

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.