

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011161

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 27

STATE FILE NUMBER

**FILED APR 9 1963**

1. PLACE OF DEATH a. COUNTY <b>Gentry, County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bogle Township</b>		c. CITY OR TOWN <b>Gentry, County, Missouri</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 Mi. N. E. of Stanberry</b>		d. STREET ADDRESS (If outside, give location) <b>7 Mi. N. E. of Stanberry</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Myrl De Witt Kirk</b>			4. DATE OF DEATH Month Day Year <b>March 29 1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-14-1896</b>
9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Gentry, County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alongo L. Kirk</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Harris Kirk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>2717 Duncan Street</b>	
17. INFORMANT <b>Louis C. Kirk</b>		<b>St. Joseph, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral apoplexy</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>107 hr</b>
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>deceased body after death</b> to <b>6 P</b> and last saw him live on <b>6 P</b> m, on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. Zane Barnes, D.O.</b>		(Degree or title)	22b. ADDRESS <b>King City Mo</b>
22c. DATE SIGNED <b>3-30-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-31-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hugginsville</b>	23d. LOCATION (City, town, or county) <b>Gentry, Missouri</b>
24. FUNERAL DIRECTOR <b>Johnson Funeral Home</b>		ADDRESS <b>Stanberry, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-2-'63</b>
		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bane</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS. 300  
Rev. 4/59  
**6380**  
**3380**  
3  
4 **0**  
5 **2**  
6  
7 **0**  
8 **2**  
9 **334X**  
10  
11  
12 **90-2**  
13 **1-0**

Recd 4-2-63

MAY 3 1963

MAR 16 1964

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 Charles Dean Allen Student Embalmer No. 671

working under my personal supervision.

Student Charles Dean Allen Signed Ross E Johnson  
Signature of Student Embalmer

Licensed Embalmer No. 4948

P. O. Address Stanberry 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.