MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050602
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 190

FILED JAN 7 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada, Missouri — Length of stay in 1b: 5 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital No. 3 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Neosho — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Aubrey — Middle: -- — Last: Kirk
4. DATE OF DEATH: Month 12 Day 29 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-11-1912
9. AGE (last birthday): 51 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ernest Kirk
13b. MOTHER'S MAIDEN NAME: Fannie Martin
14. NAME OF HUSBAND OR WIFE: None
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.
17. INFORMANT — Address: Hosp.Records,State Hosp.#3,Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Venous Congestion
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hirschsprungs Disease
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 ☐ None
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 — COUNTY — STATE

21. ~~The Staff~~ ☒ attended the deceased from Dec. 1958 to Dec. 29, 1963 and last saw her/him alive on Dec. 29, 1963
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
I viewed the remains.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: State Hosp. #3, Nevada, Mo.
22c. DATE SIGNED: 12-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-31-1963
23c. NAME OF CEMETERY OR CREMATORY: local
23d. LOCATION (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Thompson Funeral Home, Neosho, Missouri
25. DATE RECD. BY LOCAL REG.: 1-4-1964
26. REGISTRAR'S SIGNATURE: Anna E. Terry

(Licensed Embalmer's Statement on Reverse Side)

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 Ley E. Ingland

Licensed Embalmer No. 5052

P. O. Address Neosho, 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.