

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31031**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **47116** Registrar's No. **57**

600

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MCDONALD			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MCDONALD c. CITY (If outside corporate limits, write RURAL and give township) NOEL (RURAL) c. LENGTH OF STAY (In this place) 8 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			c. CITY (If outside corporate limits, write RURAL and give township) NOEL 0 d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) JESSE b. (Middle) JAMES c. (Last) KIRK		4. DATE OF DEATH (Month) (Day) (Year) 9-19-1950			
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-27-1891	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 10 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) KANSAS	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME MARION-KIRK		13b. MOTHER'S MAIDEN NAME MAGGIE-MCGREW	
14. NAME OF HUSBAND OR WIFE CLARA-KIRK		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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs Everett Duncan		ADDRESS W. City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in chest Self inflicted			INTERVAL BETWEEN ONSET AND DEATH Sudden
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E-971X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NOEL-MCDONALD-MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-19-50-400		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun shot wound self inflicted	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 m., from the causes and on the date stated above.					
23a. SIGNATURE D. M. Humphrey (Degree or title) Coroner			23b. ADDRESS Pineville, Mo		23c. DATE SIGNED 9-20-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-24-50		24c. NAME OF CEMETERY OR CREMATORY Saratoga	
24d. LOCATION (City, town, or county) (State) Southwest City, Mo		24e. REGISTRATION NO. 4250		25. GENERAL DIRECTOR'S SIGNATURE D. M. Humphrey ADDRESS Pineville, Mo	
DATE REC'D BY LOCAL REG. 9-22-50		REGISTRAR'S SIGNATURE Mayme Humphrey			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

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Dist. File 10.50-2043

Date Filed 12-3-50

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
Student Embalmer

Signed Marye E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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 this body is not embalmed, fact should be so stated above.