

FILED SEP 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. **27322**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **320**

1. PLACE OF DEATH
 a. COUNTY **Jackson 0485**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence**
 c. LENGTH OF STAY (In this place) **3WKS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Indep. San. & Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence 0485**
 d. STREET ADDRESS (If rural, give location) **2209 Harris 0**

3. NAME OF DECEASED (Type or Print)
 a. (First) **ISAAC** b. (Middle) **EDGAR** c. (Last) **VAN KIRK**
 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 26, 1951**

5. SEX **Male 0** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **July 19, 1895** 9. AGE (In years last birthday) **56** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of waking life, except retired) **Retired-transfer Business** 10b. KIND OF BUSINESS OR INDUSTRY **Business** 11. BIRTHPLACE (State or foreign country) **Mountain View, Mo 0** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Van Kirk** 13b. MOTHER'S MAIDEN NAME **Hallie Scott** 14. NAME OF HUSBAND OR WIFE **Mary Catherine Van Kirk**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **500-14-3036** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Isaac E. Van Kirk Jr, Indep**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **26 hr**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Hypertensive Cardiovascular Disease**
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Aug 1, 1951**, to **Aug 26, 1951**, that I last saw the deceased alive on **Aug 25, 1951**, and that death occurred at **7:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Edward B. Walton** (Degree or title) **Dr. D.** 23b. ADDRESS **1-Nat Bank Indep, Mo.** 23c. DATE SIGNED **8/27/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug 28, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 24d. LOCATION (City, town, or county) (State) **Indep. Mo**

DATE REC'D BY LOCAL REG **Aug. 27-1951** REGISTRAR'S SIGNATURE **J. M. ... 354** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Att-Mitchell Indep, Mo**

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

31092

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed: *[Handwritten Signature]*
Student Embalmer No. _____

Licensed Embalmer No. *3156*

P. O. Address *[Handwritten Address]*

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.