

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37636

State File No. 4839

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3215 Campbell</u>		d. STREET ADDRESS (If rural, give location) <u>Kansas City 3498</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL <u>Marys Rest home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>			b. (Middle) <u>Van Kirk</u>		c. (Last) <u>Van Kirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12-1951</u>	
5. SEX <u>F</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 28-1862</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 48 HRS. Hours <u>5</u> Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>---</u>		12. CITIZEN OF WHAT COUNTRY? <u>---</u>		
13a. FATHER'S NAME <u>William AKINS</u>			13b. MOTHER'S MAIDEN NAME <u>Beckie Groves</u>		14. NAME OF HUSBAND OR WIFE <u>NOT KNOWN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nursing home records, K.C. Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u>					
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>General Toxemia</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Toxemia</u>								<u>331X</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 1947</u> , to <u>Nov 12, 1951</u> , that I last saw the deceased alive on <u>Nov 8, 1951</u> , and that death occurred at <u>5:37 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Gertrude Stevens (Degree or title) <u>Gertrude Stevens</u>					23b. ADDRESS <u>1108 E. Armour</u>		23c. DATE SIGNED <u>Nov 12-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Harmonville Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-12-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Archie</u>		ADDRESS <u>---</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Lloyd Anderson* _____

Licensed Embalmer No. *3620* _____

P. O. Address *Harrisonville* _____

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.