

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6586

State File No. _____

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell</u>		c. LENGTH OF STAY (In this place) <u>9 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell</u> <u>0490</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Carolina</u> c. (Last) <u>Nirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5-53</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 24-1899</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Manchester Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		
13a. FATHER'S NAME <u>Henry A Nirk</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Nirk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edith Pefferder of La Russell</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia, Klebs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>20 Jan</u> , 19 <u>53</u> , to <u>6 Feb</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 Feb</u> , 19 <u>53</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Leah Simmons M.D.</u>			23b. ADDRESS <u>1201 Center St Des Moines, Mo</u>			23c. DATE SIGNED <u>6 Feb 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Feb 5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redburn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Raymo Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-6-53</u>		REGISTRAR'S SIGNATURE <u>W B Clinton M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson Law Sarcophy Mo</u>			

0490

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

RECEIVED

2-112/53

Jasper County Health Office

County File Number 157

Date Filed 2/13

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm. A. Jackson

Licensed Embalmer No. 3954

P. O. Address Lawrence

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.