

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23824**
REGISTRATION

No. 300
10.48

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **4363** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY: Newton	
b. CITY OR TOWN Fairview		c. CITY OR TOWN Fairview	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) 0730	
3. NAME OF DECEASED a. (First) Jacob b. (Middle) F. c. (Last) Shirk			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 8, 1877
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FORMER	11. BIRTHPLACE (City and State or Foreign Country) Cerro County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hiestor W. Shirk	
13b. MOTHER'S MAIDEN NAME Lizzie Fry		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar Argabright-Fairview, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) has had trouble with DUE TO (c) heart for last year. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4343	
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 _____, 19____, to 7-6 , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lois Thompson, Coroner		23b. ADDRESS 307 E. Main St. Neosho, Mo	23c. DATE SIGNED 7-8-54
24a. BURIAL OR CREMATION-REMOVAL (Specify) Burial		24b. DATE 7-11-1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery Mt. Grove, Missouri
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver-Cassville, Mo	
DATE REC'D BY LOCAL REG. 7-11-54		REGISTRAR'S SIGNATURE Alpha Dyer 369	

(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No: _____
District File Number 754-139
Date Filed 7/22/54

NEOSHO, MISSOURI

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 Margaret C. Herbert

Licensed Embalmer No. 438

P. O. Address Cassville

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.