

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35920**

FILED NOV 22 1955

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Richland Twsp.</u>	c. LENGTH OF STAY (in this place) <u>74 yrs</u>	c. CITY OR TOWN <u>Richland Twsp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>Golden City R#1</u> <u>00600</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANDREW</u>	b. (Middle) <u>JACKSON</u>	c. (Last) <u>WIRTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 19 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Roanoke County, Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>James M. Wirts</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Hint</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Shrout Wirts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mabel Wirts, Lamar, Missouri</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cold</u>		
	DUE TO (c) <u>493X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had several times attacks of cerebral thrombosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Lamar Barton Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Lamar, Mo., 1955, to Nov 16, 1955, that I last saw the deceased alive on Nov 16, 1955, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.R. Guedeler M.D.</u>	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>11-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 18 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 17. 1955</u>	REGISTRAR'S SIGNATURE <u>Hazel W. Bugh</u> <u>15-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>
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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.....
Signature of Student Embalmer

Signed..... *Norman L. Thompson*

Licensed Embalmer No. *481*

P. O. Address *Lamar, T.*

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.