

FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13078**

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5545** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Howard Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Chariton		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place) 5 years		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 at home		e. STREET ADDRESS (If rural, give location) Rural West of Foyette	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) CLARK c. (Last) SIRE S			4. DATE OF DEATH (Month) (Day) (Year) April 22 - 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb 5 - 1906		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Days 1 IF UNDER 24 HRS. Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm work		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZENSHIP OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Francis Marion Sires		13b. MOTHER'S MAIDEN NAME Mary Sartani		14. NAME OF HUSBAND OR WIFE Louis Sires	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Louis Sires ADDRESS Glusgan Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure		DUE TO (b) Coronary Thrombosis				5-10 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 4201				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) 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 **June 1950** to **April 1956**, that I last saw the deceased alive on **Jan. 1955**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE **W E Hornbaker** (Degree or title) 23b. ADDRESS **Glusgan** 23c. DATE SIGNED **4-23-56**

24. BURIAL, CREMATION, REMOVAL (Specify) buried April 24 - 56 Pleasant Green - Glusgan MO		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG 4-23-1956		REGISTRAR'S SIGNATURE Walker Cuddeley		25. FUNERAL DIRECTOR'S SIGNATURE H S Robinson		ADDRESS Higbee	

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

55-VE 832

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 *H.S. Robinson*

Licensed Embalmer No. *800*

P. O. Address *Higbee*

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.

