IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

-60-000131

STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 5064 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Liberal~~ - Leroy
Length of stay in Ib 48 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 2
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Liberal R2
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R2
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Arthur Middle McClellan Last VanKirk
4. DATE OF DEATH Month Jan. Day 11 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/3/1911
9. AGE (last birthday) 48
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Labor
10b. KIND OF BUSINESS OR INDUSTRY Farmer State Hos. Nevada
11. BIRTHPLACE (City and state or country) Liberal, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George McClellan VanKirk
13b. MOTHER'S MAIDEN NAME Maude Northington
14. NAME OF HUSBAND OR WIFE Margie Van Kirk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-09-6291
17. INFORMANT Margie VanKirk Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun shot wound - Heart
22 Rifle
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 12:05 a.m. p.m. Month, Day, Year 1-11-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION COUNTY Barton STATE Mo

21. I attended the deceased from Jan 11, to Jan 11 and last saw her/him alive on —
Death occurred at 12:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cecil Blanchard (Degree or title) Sheriff
22b. ADDRESS Lamar, Mo.
22c. DATE SIGNED 1-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-13-1960
23c. NAME OF CEMETERY OR CREMATORY Shiloh
23d. LOCATION (City, town, or county) Liberal (State) Mo.

24. FUNERAL DIRECTOR J.M. Berkey ADDRESS Mulberry Ks.
25. DATE RECD. BY LOCAL REG. Jan 12, 1960
26. REGISTRAR'S SIGNATURE Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 3

FFR 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.