

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6131 Registrar's No. 20038893 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Shannon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree, Mo.</u> Length of stay in 1b _____ c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Birch Tree</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Edith</u> Middle _____ Last <u>Kirkendall</u>		<b>4. DATE OF DEATH</b> Month <u>September</u> Day <u>27</u> Year <u>1964</u>	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1/10/90</u>
<b>9. AGE</b> (last birthday) <u>74</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____
<b>11. BIRTHPLACE</b> (City and state or country) <u>Birch Tree, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>James B. Reaser</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah E. Hoops</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> <u>486-38-2547</u>		<b>17. INFORMANT</b> <u>Ruth Jones St. Louis, Mo.</u> Address _____	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____	
<b>21. I attended the deceased from _____ to <u>Sept 27, 1964</u> and last saw her <u>alive on Sept. 26, 1964</u> Death occurred at <u>4 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.</b>			
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) _____		<b>22b. ADDRESS</b> <u>Birch Tree Mo</u>	
<b>22c. DATE SIGNED</b> <u>10-5-64</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	
<b>23b. DATE</b> <u>9/29/64</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Forest Cem.</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Birch Tree, Missouri</u>		<b>24. FUNERAL DIRECTOR</b> <u>Duncan Funeral Home Mtn. View, Mo.</u> ADDRESS _____	
<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-9-64</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mabel Rollins per [Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 14 1964

Permit Obtained 9-29-64 (initials)

**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 Joe C. Duncan  
Licensed Embalmer No. 4325  
P. O. Address Mt. View, Mo.

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.