

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

251

State File No.

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>76</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>45 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3220 St. Joseph, Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | b. (Middle) <u>Thomas</u> | | c. (Last) <u>Kirtley</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 13, 1874</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u> | | 11. BIRTHPLACE (State or foreign country) <u>Golden, Colorado /</u> | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Phillip Kirtley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Darnell</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lida Kirtley</u> | | 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>none</u> | | 17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Lida Kirtley-St. Joseph, Mo.</u> | |
| 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. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute bacterial endocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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 <u>Jan 15, 1950</u> , to <u>Jan 16, 1950</u> , that I last saw the deceased alive on <u>1-16, 1950</u> , and that death occurred at <u>1: p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. B. Jenkins M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>St. Joseph Mo</u> | | 23c. DATE SIGNED <u>1-18-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-18-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | |
| DATE REC'D BY LOCAL REG <u>Jan. 25, 1950</u> | | REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u> 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Stamey Funeral Home - St. Joseph, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Charles M. Haman

Signed _____
Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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 this body is not embalmed, fact should be so stated above.