

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 588
Registrar's No. 9322

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DEKALB	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OSBORN	
c. LENGTH OF STAY (in this place) 60 da.		0322	
d. FULL NAME OF HOSPITAL OR INSTITUTION 416 E. 5th.		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) CHARLES ISOM	a. (First)	b. (Middle) KIRKPATRICK	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1 - 4 - 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-22-1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Cameron Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David C. Kirkpatrick	13b. MOTHER'S MAIDEN NAME Clie Downes	14. NAME OF HUSBAND OR WIFE IDA ADELINE KIRKPATRICK
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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) no	16. SOCIAL SECURITY NO. 40	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida A. Kirkpatrick	18. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 162-X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchiogenic Carcinoma		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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)
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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?
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22. I hereby certify that I attended the deceased from 10-18-1950, to 1-5-1951, that I last saw the deceased alive on 1-4-1951, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.2	23b. ADDRESS American Mo.	23c. DATE SIGNED 1-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-7-1951	24c. NAME OF CEMETERY OR CREMATORY Eastern	24d. LOCATION (City, town, or county) (State) Cameron Mo.
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DATE REC'D BY LOCAL REG. 1-8-51	REGISTRAR'S SIGNATURE [Signature]	390	25. FUNERAL DIRECTOR'S SIGNATURE DEMOSS GRINK	ADDRESS Cameron, MO.
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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
Student Embalmer

Signed

Laurie J. Thompson

Licensed Embalmer No.

4735

P. O. Address

Cameron, Md.

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.