

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7676 Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4064

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Frankfort</u> 8130	
c. LENGTH OF STAY (In this place) <u>4 Weeks</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Mae</u> c. (Last) <u>Kirkham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 12 1885</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>65 11 29 - -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Blue</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Dewey Kirkham</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 OR NAME ADDRESS <u>Dewey Kirkham Kidder, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Exhaustion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> <u>Dec. heart valve</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>Several years</u>
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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) <u>153x</u>
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 not at all, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas Wilson M.D. 3</u>	23b. ADDRESS <u>Popl Mo</u>	23c. DATE SIGNED <u>2-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 13 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kidder Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pratt Lawrence Home Hamilton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 2, 51</u>	REGISTRAR'S SIGNATURE <u>Glady's Jones 31</u>	

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Morris A. Brown*

Licensed Embalmer No. *3918*

P. O. Address *Cambridge*

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.