

GILLESPIE FUNERAL HOME

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

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9538

State File No. ....

FILED MAR 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SEDALIA</b>	c. LENGTH OF STAY (In this place) <b>LIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SEDALIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WOODLAND HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>205 SOUTH PROSPECT</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOE</b> b. (Middle) <b>KIRKMAN</b> c. (Last) <b>KIRKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 17, 1882</b>		9. AGE (In years last/birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Kirkman</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Kirkman</b>		14. NAME OF HUSBAND OR WIFE <b>Vina Kirkman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe Kirkman, Jr. Sedalia, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decompensating Heart</b>			<b>5 mos.</b>
		DUE TO (c) <b>Severe anemia + Hypoproteinemia?</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophied prostate</b>			<b>41343</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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 Feb 28, 1951, to Mar 11, 1951, that I last saw the deceased alive on Mar 11, 1951, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howilbur I DO.</b>		23b. ADDRESS <b>Sedalia, Missouri</b>		23c. DATE SIGNED <b>Mar. 13, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/14/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	

DATE REC'D BY LOCAL REG. <b>3/14/51</b>	REGISTRAR'S SIGNATURE <b>A. J. Campbell M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. Beckert</b>	ADDRESS <b>Sedalia Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-19-51

MAR 28 1951

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 Roger T. Fuller

Licensed Embalmer No. 4818

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.