

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7581

State File No.

MAR 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>0143</u> <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> c. CITY OR TOWN <u>0143</u> <u>Fulton</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fulton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fulton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>204 E. 12th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Tackett</u> c. (Last) <u>Kirkpatrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19/52</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>Jan. 9 1889</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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 <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Tackett</u>			13b. MOTHER'S MAIDEN NAME <u>Louvenia Wesson</u>		14. NAME OF HUSBAND OR WIFE <u>N. B. Kirkpatrick</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-16-3341</u>		17. INFORMANT'S SIGNATURE OR NAME <u>N. B. Kirkpatrick</u> ADDRESS <u>Fulton 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.							
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>chr. valvular Heart disease</u>				years <u>years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		<u>chr. myocarditis</u>				years <u>years</u>	
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"/>	
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>4214</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 <u>3/7</u> , 19 <u>52</u> , to <u>3/19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>52</u> , and that death occurred at <u>9:52</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry D. ...</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>3/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pisgah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Prairie Home Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 22-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin J. ...</u> ADDRESS <u>Fulton Mo</u>			

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

APR 6 1953

FEB 16 1953

APR 6 1953

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 J. J. Ross
Licensed Embalmer No. 2555
P. O. Address Phillips Inc

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.