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FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8436

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1239

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND 0891
d. STREET ADDRESS (If rural, give location): 637 S. MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WATSON
c. (Last): KIRKPATRICK

4. DATE OF DEATH (Month) (Day) (Year): MARCH 16, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: MAY 2, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED INSURANCE MAN
10b. KIND OF BUSINESS OR INDUSTRY: LIFE INSURANCE
11. BIRTHPLACE (State or foreign country): ROCKBRIDGE CO., VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT D. KIRKPATRICK
13b. MOTHER'S MAIDEN NAME: MARGARET TEAFORD
14. NAME OF HUSBAND OR WIFE: MABEL F. KIRKPATRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ROBERT N. KIRKPATRICK — ADDRESS: 1015 S. ARMOR, KANSAS CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 12 years
DUE TO (c) E904D

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Intertrochanteric fracture of femur Feb 21 1952

19a. DATE OF OPERATION: Feb 25 1952
19b. MAJOR FINDINGS OF OPERATION: Fracture - intertrochanteric of femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Richmond (COUNTY) Ray 089 (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 21 1952 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* Feb 22, 1952 *to* March 16, 1952 *that I last saw the deceased alive on* March 16, 1952 *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard H. Kiene (Degree or title) M.D.
23b. ADDRESS: 4312 J.C. Nichols Parkway KCMo
23c. DATE SIGNED: March 16 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town or county) (State): RICHMOND, MO

DATE REC'D BY LOCAL REG.: 3-16-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thurman Funeral Home, RICHMOND, MO.

(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.

Student .....
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.