

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19575

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>301</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RT #3 Matthews, Mo</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospt Poplar Bluff, Mo</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u>			b. (Middle)		c. (Last) <u>Kirkendall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 1952</u>
5. SEX <u>Female 3</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M /</u>		8. DATE OF BIRTH <u>1/5/15</u>	
9. AGE (In years last birthday) <u>37</u>		10. MONTH (Day) (Min.) <u>5 12</u>		11. BIRTHPLACE (State or foreign country) <u>Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pink Daniel</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Laster</u>			14. NAME OF HUSBAND OR WIFE <u>William Kirkendall</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>William Kirkendall Matthews, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure surgery following multiple chocolate cyst right ovary.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2/17/52</u> ANTECEDENT CAUSES <u>multiple chocolate</u> DUE TO (b) <u>Uterine fibroids with chocolate cyst right ovary.</u> 6/17/52 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 <u>6/17/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>cyst right ovary Multiple uterine fibroids with large chocolate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>214X</u>			
22. I hereby certify that I attended the deceased from <u>6/11/52</u> , 19 <u>52</u> , to <u>6/17/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/17/52</u> , 19 <u>52</u> , and that death occurred at <u>3:30 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. L. Brandon, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>6/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>6/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-23-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		4287		25. GENERAL DIRECTOR'S SIGNATURE <u>Harry Joseph Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 2 1952

BUTLER CO. HEALTH CENTER

FILE No. 752-342

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.....

John Alleton

Licensed Embalmer No. 2941

P. O. Address Sperton 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.