

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 - 1953

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 7

0096
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLEN-ALLEN - TWP LOURANCE</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>8090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVA</u> b. (Middle) <u>INEZ</u> c. (Last) <u>KIRKPATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1953</u>		
5. SEX <u>F M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. 11, 1924</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Days <u>2</u> IF UNDER 10 HRS. Min. <u>21</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 <u>IN SHOE FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>Lutesville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles R. Eaker</u>		13b. MOTHER'S MAIDEN NAME <u>INA CLYTIS PROFFER</u>		14. NAME OF HUSBAND OR WIFE <u>CLEARANCE Odell KIRKPATRICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-286575</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. R. Eaker Lutesville, Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>myocardiosis + cardiac decompens</u>			4 months
		DUE TO (c) <u>Rheumatic cardiovascular disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>416x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 Sept 30, 1951, to Jan 1, 1953, that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Evelyn S. ... (Degree or title) 23b. ADDRESS Lutesville, Missouri 23c. DATE SIGNED 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-3-53 24c. NAME OF CEMETERY OR CREMATORY BOLLINGER COUNTY MEM. PARK 24d. LOCATION (City, town, or county) (State) Lutesville MO

DATE REC'D BY LOCAL REG. Jan 3 1953 REGISTRAR'S SIGNATURE William H. ... 25. FUNERAL DIRECTOR'S SIGNATURE Gene ... ADDRESS Lutesville, Mo

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

C. J. Lorberg

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau*

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.