

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u> <u>LA BELLE TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka</u> <u>0230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>Archer</u>	c. (Last) <u>Kilkenny</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 2, 1871</u>	9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 1 YEAR Days <u>0</u>	# UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Lewis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John W. Kilkenny</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Legg</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Gibbs</u>
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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>447-22-5646</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Kilkenny, Kahoka, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Knife wound in neck, self inflicted</u> <u>30 min.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ill heart + blindness</u>		
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	19b. MAJOR FINDINGS OF OPERATION <u>Inquest Verdict</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lewistown Rest Home, Lewis - Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 19-1953</u> <u>6:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pocket Knife wound in R. jugular vein</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Barkley - coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>11/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov. 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lewis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-21-53</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Barkley</u>	ADDRESS <u>Canton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0560
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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

Carl H. Barkley

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.