

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

443

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY in this place <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>Bartley Lane R.F.D.# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bartley Lane (Home)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Jane</u> c. (Last) <u>Kurkendall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1954</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 16, 1878</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.		11. BIRTHPLACE (State or foreign country) <u>Callaway County Missouri</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>At Home</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Amos Allman</u>		13b. MOTHER'S MAIDEN NAME <u>Pernina Althizer</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Kurkendall</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Watkins</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Cardiovascular condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>± 5 yrs</u> <u>years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Fulton Mo.</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 11/10, 1953, to 2/4, 1954, that I last saw the deceased alive on 2/2, 1954, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry J. Smith, M.D.</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>2/5/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 6-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Marpin Turner</u>	
					ADDRESS <u>Fulton Mo.</u>	

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. H. Ross

Licensed Embalmer No. *2555*

P. O. Address *Fullerton 2*

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.