.300
.48

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

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1198
204

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson, St. Luke's Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (In this place): 1 hour
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): X

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): MacDowell
c. (Last): Kirkpatrick

4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1955

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1882
9. AGE (In years last birthday): 73 — If under 1 year: Months 8, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Rockbridge County, Virginia
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Robert Davidson Kirkpatrick
13b. MOTHER'S MAIDEN NAME: Margaret Teaford
14. NAME OF HUSBAND OR WIFE: Frances D. 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: 1045 E. Armour Kansas City, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlussion immediate cause of death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 1-16, 1955, *that I last saw the deceased alive on* 1-16-55, 19____, *and that death occurred at* 10:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE H. P. Boughnou (Degree or title) M. D. — H. P. Boughnou
23b. ADDRESS 315 Hickman Rd. K. C. Mo.
23c. DATE SIGNED 1/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 20 1955
24c. NAME OF CEMETERY OR CREMATORY: Richmond
24d. LOCATION (City, town, or county) (State): Richmond Mo

DATE REC'D BY LOCAL REG.: 1-16-55
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Thurman Richmond Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 2073

P. O. Address Richmond, Ore.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.