

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39935

BIRTH NO.		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>219</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>El Dorado Spgs</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>E. Paul Owens</u> <u>0205</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIS</u>			a. (First) <u>KIRKPATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 - 55</u>	
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>Dec 7 - 1964</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>M. A. Kirkpatrick</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Taylor Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>Pec.</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Kirkpatrick</u> ADDRESS <u>El Dorado Spgs 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>Anemia and Malnutrition</u> 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) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Dec 27, 1955</u> , to <u>Dec 27, 1955</u> , that I last saw the deceased alive on <u>Dec 27, 1955</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. Mager M.D.</u>				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>Dec 30, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-30-55</u>		REGISTRAR'S SIGNATURE <u>George W. Mager</u> <u>418</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mager Funeral Home El Dorado Spgs Mo</u>			

(Licensee/Embalmer's Statement on Reverse Side)

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

10.300
10.48

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.....
Signature of Student Embalmer

Signed *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *El Dorado Sp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.