

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40685**  
**5478**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDE</b>		b. (Middle) <b>DE WITT</b>	c. (Last) <b>KIRKHAM</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED STATE SUPERVISOR MAN PO. KANSAS CITY, KANSAS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>701 - MINNESOTA INDUSTRY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison, Kansas</b>
13a. FATHER'S NAME <b>Henry S. Kirkham</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Wheelock</b>		14. NAME OF HUSBAND OR WIFE <b>May ELIZABETH KIRKHAM</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records, K. C. Mo.</b>

4. DATE OF DEATH (Month) (Day) (Year) <b>December 14, 1955</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b></b>	IF UNDER 24 HRS. Days <b></b>	Hours <b></b>	Min. <b></b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		DUPLICATE OF (b) <b>Carcinoma of lung Primary</b>			<b>16 1/2</b>
DUPLICATE OF (c) <b>Pulmonary emphysema</b>		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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>VA</b>		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 **November 23, 1955**, to **December 14, 1955**, and that death occurred at **6:22 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>GUIDO PODRECCA, M.D. Guido Podrecca</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>12/15/55</b>	
24a. BURIAL CREMATION (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 17, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANSAS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>331 BRITAIN CREEK BLVD KANSAS CITY, MO.</b>			
DATE REC'D BY LOCAL REG. <b>12-16-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>331 BRITAIN CREEK BLVD KANSAS CITY, MO.</b>	

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

**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 *Albert L. Savage*  
Licensed Embalmer No. *481*

P. O. Address *Hensco*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.