

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1296

Registrar's No.

FILED FEB 17 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois			b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Winchester		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			e. STREET ADDRESS (If rural, give location) 812 ^e					
3. NAME OF DECEASED (Type or Print) a. (First) Bessie			b. (Middle) E.		c. (Last) Kirkpatrick		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 6, 1898		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) / Winchester, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Six			13b. MOTHER'S MAIDEN NAME Harriett McKinnis		14. NAME OF HUSBAND OR WIFE Edwin Kirkpatrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Kirkpatrick, Winchester Ill					
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma with metastasis						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
	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.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 203X						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) m.		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 Dec. 30, 1955, to Feb. 3, 1956, that I last saw the deceased alive on Feb. 3, 1956, and that death occurred at 4:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. D.			23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 2/3/56		
24a. BURIAL OR CREMATION REMOVAL (Specify) Removal	24b. DATE 2-6-56	24c. NAME OF CEMETERY OR CREMATORY Winchester City		24d. LOCATION (City, town, or county) (State) Winchester, Illinois.				
DATE REC'D BY LOCAL REG. FEB 6 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Leland S. Cunningham Winchester Ill				

(Licensed Embalmer's Statement on Reverse Side)

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

9561 & 707

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.....
Heland S. Cunningham

Licensed Embalmer No. 954

P. O. Address *Worcester*

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.