

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8235**
Registrar's No. **243**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 243	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN Campbell		d. Is 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 Doctors Hospital				e. STREET ADDRESS (If rural, give location) 822 South Oak			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle)		c. (Last) KIRKWOOD		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 10 1874	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 0 Days 6		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kirkwood		13b. MOTHER'S MAIDEN NAME Margaret Gillispie		14. NAME OF HUSBAND OR WIFE Ida Kirkwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-38-1676		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Kirkwood 822 S. Oak Campbell, Mo			
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) Pulmonary edema ANTECEDENT CAUSES DUE TO (b) Myocardial failure 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 3 da 14 da	
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 3-5 , 19 56 , to 3-16 , 19 56 , that I last saw the deceased alive on 3-16 , 19 56 , and that death occurred at 9:05A m., from the causes and on the date, stated above.							
23a. SIGNATURE J. L. Mueller (Degree or title)				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 3/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 18 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell Missouri	
DATE REC'D BY LOCAL REG 4/5/56		REGISTRAR'S SIGNATURE J. L. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lendess Funeral Home Campbell, Mo.			

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

RECEIVED

APR 9 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Christina M. Landers* _____

Licensed Embalmer No. *422* _____

P. O. Address *Campbell* _____

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.