

FILED APR 24 1956

## STANDARD CERTIFICATE OF DEATH

125332

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 120

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Adair.</u>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Kirksville, Mo. 0013</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1,</u> Length of stay in lb <u>2 1/2 yrs</u>  |  | d. STREET ADDRESS (If outside, give location) <u>601 S. Mullinax.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print) <u>WILLIAM FRANKLIN KIRKLAND.</u> First Middle Last  |  |  | 4. DATE OF DEATH <u>April 19, 1956</u> Month Day Year                               |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 19, 1879</u>   |
| 9. AGE (In years last birthday) <u>77</u>  |  | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 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 <u>none</u>  | 11. BIRTHPLACE (City and state or country) <u>Paris, Mo.</u>                        |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13. FATHER'S NAME <u>Elisha Monroe Kirkland.</u>   |   |
| 14. MOTHER'S MAIDEN NAME <u>Frances Ann Clapper.</u>   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>                                    |   |
| 16. SOCIAL SECURITY NO. <u>D.K.</u>  |  | 17. INFORMANT <u>Records of State Hospital #1, Fulton, Mo.</u> Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease,</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____ |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>D.K.</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Psychotic.</u>  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)           |  |   |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):   | 20f. CITY, TOWN, OR LOCATION   | COUNTY   | STATE   |
| 21. I attended the deceased from <u>August 20, 1954,</u> to <u>April 19, 1956</u> and last saw her/him alive on <u>Apr. 19, 1956</u><br>Death occurred at <u>11:45 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |   |
| 22a. SIGNATURE <u>Frank J. Nichol</u> (Degree or title) M.D.   |  | 22b. ADDRESS <u>State Hospital #1, Fulton, Mo.</u>   | 22c. DATE SIGNED <u>4-19-56</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>4/22/56</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>MAPLES HILLS CEM.</u>  | 23d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE Mo</u>                  |
| 24. FUNERAL DIRECTOR <u>Morgan</u> ADDRESS <u>Fulton Mo.</u>   | 25. DATE RECD. BY LOCAL REG. <u>April 21-1956</u>  | 26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>   |   |

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

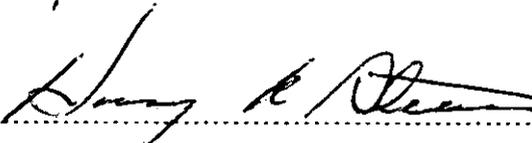
Discharges in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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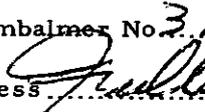
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3

P. O. Address 

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