

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**15634**

State File No. ....

**FILED MAY 28 1956**

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565

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (in this place) <b>lifetime</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>2813 Edmond Street</b>		(If rural, give location) <b>01110</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Mae</b> c. (Last) <b>Kirkpatrick</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 18th 1956</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>May 22nd 1887</b>	<b>9. AGE</b> (In years last birthday) <b>68 Yrs</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife, at home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>John J. Angsten</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Armie Basch</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ernest V. Kirkpatrick</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Ernest V. Kirkpatrick, 2813 Edmond St.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>St. Joseph, Mo.</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Papillary cystadenoma of ovary with Generalized metastasis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>Aug. 24, 1955</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(b) _____ (c) _____		_____	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>  <b>175X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 7-12, 1955, to 5-18, 1956, that I last saw the deceased alive on 5-18, 1956, and that death occurred at 6:30p m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Joseph P. Fisher M.D.</b>		<b>23b. ADDRESS</b> <b>824 Edmond St. City</b>	
<b>23c. DATE SIGNED</b> <b>5-18-56</b>			

<b>24a. BURIAL (Burial) CREMATION (Specify)</b>		<b>24b. DATE</b> <b>May 21-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Auburn Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Joseph, Missouri.</b>	
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>May 25, 1956</b> <b>Ernest M. Allison</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Jac</b> <b>Meierhoffer</b> <b>St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

MAR 26 1957

*Dr. Fisher*

**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.....  
*Raymond W. More*

Licensed Embalmer No. .... 44

P. O. Address.....  
*St. Joseph*

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.