V.S. No. 300
Rev. 10-48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14163

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 233

0

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 110½ W. 2nd St.

0 8 0 4 0

3. NAME OF DECEASED (Type or Print)
a. (First) FINIS
b. (Middle) J.
c. (Last) KIRKMAN

4. DATE OF DEATH (Month) (Day) (Year) May 9, 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb. 5. 1892
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (City and State or Foreign Country) Knobnoster, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Kirkman
13b. MOTHER'S MAIDEN NAME Louise Mackler
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 491-07-6842
17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Howe, Sedalia, Missouri ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Myo-Carditis with Heart Failure ?
DUE TO (c) Chronic Bronchitis Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Luetic Condition of long standing.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5021B
20. AUTOPSY? YES ☐ NO ☒ 2

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7-57, 19__, *to* 5-9-57, 19__, *that I last saw the deceased alive on* 5-9-57, 19__, *and that death occurred at* 9:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank B. Long (Degree or title) M.D.
23b. ADDRESS Sedalia, Missouri
23c. DATE SIGNED 5-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 11, 1957
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) Sedalia, Missouri (State)

DATE REC'D BY LOCAL REG. 5-11-57
REGISTRAR'S SIGNATURE Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE D W Dickart ADDRESS Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

541 0

JUN 18 1957
MAY 20 1957

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed Russell C. Mac

Licensed Embalmer No. 4804

P. O. Address Sedalia, M

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