S. No. 300
v. 10.48

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35174

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 112

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Sedgwick
c. CITY OR TOWN: Wichita
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 3560 S.E. Blvd. 813 8

3. NAME OF DECEASED (Type or Print)
a. (First): Joan
b. (Middle):
c. (Last): Kirkpatrick

4. DATE OF DEATH (Month) (Day) (Year): 10-28-57

5. SEX: F 1
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 10-28-57
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Smithville, Missouri 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Evan M. Kirkpatrick
13b. MOTHER'S MAIDEN NAME: Roberta Claudine Berryman
14. NAME OF HUSBAND OR WIFE: –

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Evan Kirkpatrick 3560 S.E. Blvd. Wichita, Kansas

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) Prematurity (wt. 1 lb. 2 oz) — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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: 776X
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* 10-28-57, 19___, *to* 10-28-57, 19___, *that I last saw the deceased alive on* 10-28-57, 19___, *and that death occurred at* 2:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd R. Giles M.D. 0
23b. ADDRESS: Smithville, Missouri
23c. DATE SIGNED: 10-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-28-57
24c. NAME OF CEMETERY OR CREMATORY: Pathology
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 10-28-57
REGISTRAR'S SIGNATURE: Marguerite Hudson
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: none

(Licensed Embalmer's Statement on Reverse Side)

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

D

574-2

RECEIVED
NOV 4 1957
CLAY CO.
HEALTH CENTER

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..

The body whose name is recorded on t
reverse side of this certificate was
not embalmed.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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.