

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043526
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. #67 Primary Registration District No. 5259 Registrar's No. 11

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Christian County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian Co			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkhead, Mo Bruner		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY-OR TOWN Elkhead, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elkhead, Mo		Length of stay in lb 28 yrs,		d. STREET ADDRESS (If outside, give location) Elkhead, Mo			
3. NAME OF DECEASED (Type or print) First Francis Middle M Last Kirkpatrick				4. DATE OF DEATH Month Dec Day 18 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri, Christian Co		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Francis M Kirkpatrick				14. MOTHER'S MAIDEN NAME Caroline Walker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Ida Kirkpatrick, Elkhead, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4221							INTERVAL BETWEEN ONSET AND DEATH
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 10:00 Month Dec Day 18 Year 1958 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 Jan. 1958 to Dec. 18-1958 and last saw ^{her} him alive on Nov. 1958 . Death occurred on Dec 18-1958 at P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or Min.) D. Herbert Nelson				22b. ADDRESS Sparta, Mo		22c. DATE SIGNED Dec. 29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-22-58	23c. NAME OF CEMETERY OR CREMATORY Union Chapel		23d. LOCATION (City, town, or county) (State) Christian Co, Mo		
24. FUNERAL DIRECTOR ADDRESS T. B. Chaffin Ozark Mo				25. DATE RECD. BY LOCAL REG. Jan. 3/58		26. REGISTRAR'S SIGNATURE Nannie Day	

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student

Signature of Student Embalmer

Signed.....

R. B. Chaffin

Licensed Embalmer No.. *219*

P. O. Address .. *Ozark*

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