

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047038

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 366 Primary Registration District No. 4537 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WASH.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRONDALC</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>TRONDALC</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>Home</u>		Length of stay in lb <u>12 yrs.</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>Kirkpatrick</u> Last <u>Kirkpatrick</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 4, 1893</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and state or country) <u>DeSoto, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James R. Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Emaline Miles</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MAE PRATT TRONDALC, MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE CIRCULATORY FAILURE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
DUE TO (b) <u>DECOMPENSATED HEART DISEASE</u>					<u>YEARS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>					<u>YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROLONGED RECUMBENCY DUE TO ARTHRITIS 4500</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____					
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>11-6-55</u> to <u>12-31-58</u> and last saw her alive on <u>12-31-58</u> Death occurred at <u>10:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title)			22b. ADDRESS <u>D. O. Leadwood, Missouri</u>		22c. DATE SIGNED <u>1-2-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-3-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BIG RIVER</u>		23d. LOCATION (City, town, or county) (State) <u>TRONDALC RT. MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>SHIPMAN & SONS - BISMARCK, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>1/13/59</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Rudolph</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6225 4 1 NVT

RECEIVED

JAN 13

WASH. COUNTY HEALTH DEPT.

File No. _____

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 John H. Shipman
Licensed Embalmer No. 4881
P. O. Address Bismarck, Mo

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.