Health, Welfare Public Service

8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005168

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 167

300
1-57 0

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Stockton 0201 0 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Baptist Hospital — Length of stay in 1b 4 hours	d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First ARTHUR	Middle J.	Last KIRKNER	4. DATE OF DEATH Month February Day 16, Year 1959
5. SEX Male 0	6. COLOR OR RACE Cau.	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 18, 1881
9. AGE (In years last birthday) 77	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) Tool & Die Maker	10b. KIND OF BUSINESS OR INDUSTRY Metal Worker	11. BIRTHPLACE (City and state or country) Dural, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Kirkner	13b. MOTHER'S MAIDEN NAME Lutherina Lennex	14. NAME OF HUSBAND OR WIFE Alma Barkley Kirkner	
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. 496-07-2847	17. INFORMANT Address Alma Kirkner, Stockton, Mo., R 1	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Peripheral Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis — 2 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 2/16/59, to 2/16/59 and last saw her/him alive on 2/16/59

Death occurred at 1 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas E. Lochran Jr. MD 0	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 2/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 16, 1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Eldorado Springs, Missouri
24. FUNERAL DIRECTOR Jewell E. Windle 4 L.D.	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 2-19-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 13 1959

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.