

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005668
STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 980

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</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>General Hospital</u>		Length of stay in lb —	d. STREET ADDRESS (If outside, give location) <u>2418 Holmes</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John DAVID KIRK PATRICK</u>			4. DATE OF DEATH Month Day Year <u>2 18 59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-21-1882</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 1952 Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flint Casket Co.</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. FATHER'S NAME <u>James Kirkpatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nellie</u>	11. BIRTHPLACE (City and state or country) <u>Hodgensville Kentucky</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-05-7502</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
14. NAME OF HUSBAND OR WIFE <u>Nona Florence Kirkpatrick</u>		17. INFORMANT Address <u>2418 Holmes</u> <u>K.C. 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>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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? 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 <u>2-17-59</u> to <u>2-18-59</u> and last saw ^{him} alive on <u>2-18-59</u> Death occurred at <u>4:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Abraham Gelperin</u>		22b. ADDRESS <u>24th & Cherry</u>	22c. DATE SIGNED <u>2-18-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Personal</u>	23b. DATE <u>2-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Johnson Co. Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Overland Park Kansas</u>
24. FUNERAL DIRECTOR <u>John A. Buttner Sons</u>		25. DATE RECD. BY LOCAL REG. <u>2-21-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 Abraham Gelperin M.D.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION



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 *Don Bee*

Licensed Embalmer No. *3426 M*

P. O. Address *XCK*

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.