

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008559

STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 43 Primary Registration District No.

3007 Registrar's No. 156

300
-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Doniphan 0910 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 603 N. "D" St.		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) R#1
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Phillip Middle Leonard Last Kirkpatrick			4. DATE OF DEATH Month MARCH Day 19 Year 1959		
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 MAY 20, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) Greenville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Sybil Kirkpatrick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-28-9089		17. INFORMANT Sybil Kirkpatrick, Doniphan, Mo. Address R#1	

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 Cardiac Decongestion			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 5 yrs
DUE TO (b) Myocarditis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the lungs.			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.) 4222H	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <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 Doniphan, Mo.	COUNTY Doniphan	STATE MO.
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21. I attended the deceased from 19 March 1959 , to 19 March 1959 and last saw him alive on 19 March 1959 Death occurred at 6:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Cyril C. Post M.D. (Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE 2 Mar 1959
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 21, 1959	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
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24. FUNERAL DIRECTOR Edwards Funeral Home	ADDRESS Doniphan, Missouri	25. DATE RECD. BY LOCAL REG. 4/4/59	26. REGISTRAR'S SIGNATURE R. M. Muehle
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(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.

RECEIVED
APR 8 1959
BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 4 1959

VS APR 10 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 *Gene Harrent*

Licensed Embalmer No. *4809*
P. O. Address *Keylor, 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.