

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023079

FILED JUL 1 1959 Registration District No. Primary Registration District No. Registrar No. 5700

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Rolla	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 1701 Pine	

3. NAME OF DECEASED (Type or print) First Jennie Middle F. Last Kilpatrick			4. DATE OF DEATH Month June Day 13 Year 1959		
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5. SEX Female	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 August 6, 1891	9. AGE (In years last birthday) 67	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Bay Port, Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jacob Farstad	13b. MOTHER'S MAIDEN NAME Helen Christiansen	14. NAME OF HUSBAND OR WIFE A. Vern Kilpatrick
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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. None	17. INFORMANT Address A. Vern Kilpatrick, Rolla, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary, hepatic, periaortic lymph node & pelvic floor metastases		INTERVAL BETWEEN ONSET AND DEATH 5/5/59-6/13/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) lymph node & pelvic floor metastases	
	DUE TO (c) Carcinoma of rectum	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH has not been listed in the terminal disease condition given in PART I (a) Left common femoral vein phlebotrombosis		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) 1574x
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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
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21. I attended the deceased from May 5, 1959 to June 13, 1959 and last saw her alive on 6/13/59 Death occurred at 6/13/59 in on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE James Y. Griggs, M.D. (Signee or title)	22b. ADDRESS 7820 Carondelet Clayton	22c. DATE SIGNED 6/15/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-15-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Garden	23d. LOCATION (City, town, or county) (State) Rolla, Mo.
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24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. JUN 15 '59	26. REGISTRAR'S SIGNATURE W. Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

MS MAR 26 1969

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 *Stanley G. Dixon*
Licensed Embalmer No. *4693*
P. O. Address *St. Louis*

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.