

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025238

FILED VS JUL 27 1959

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3388 STATE FILE NUMBER

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>		Length of stay in 1b <u>3 mos</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA St. Joseph's Hospt</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3601 Askew</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First STEVEN Middle W Last KIRKWOOD 4. DATE OF DEATH Month July Day 9 Year 1959

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb. 22, 1959 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months 4 Days 17 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Kans. City, Kans 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Joseph Kirkwood 13b. MOTHER'S MAIDEN NAME Hannah Smallwood 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) no 16. SOCIAL SECURITY NO. None 17. INFORMANT Hannah Kirkwood Address 3601 Askew

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-Pneumonia
DUE TO (b)
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 to and last saw her/him alive on . Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Tillman 22b. ADDRESS 1618 Lydia Ave 22c. DATE SIGNED 7/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-10-59 23c. NAME OF CEMETERY OR CREMATORY Westlawn 23d. LOCATION (City, town, or county) (State) Kans. City, Kansas

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS 25. DATE RECD. BY LOCAL REG. 7-10-59 26. REGISTRAR'S SIGNATURE Reva Marshall

DOCUMENT

M. Tillman
L. Tillman
BY AFFIDAVIT OF 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 10th & X

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.