URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036343

FILED VS OCT 16 1959

AENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4707 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 Das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospt.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Odessa
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Virginia Middle: Last: Pirtle
4. DATE OF DEATH Month Day Year: Sept. 28, 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 10, 1901
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Oklahoma
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: A.W. Schoonover
13b. MOTHER'S MAIDEN NAME: Minnie Dewwes
14. NAME OF HUSBAND OR WIFE: Charles Pirtle
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.: 499-10-5458
17. INFORMANT: Charles Pirtle, Odessa, Mo.

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH (minutes)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diverticulitis of Sigmoid — 1 week.
DUE TO (c) (undergoing surgery)
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 X 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 9-25-59, to 9-28-59 and last saw her alive on 9/28/59
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): E. L. Wilkinson, M.D.
22b. ADDRESS: 1332 Professional Bldg, K.C. Mo.
22c. DATE SIGNED: 9/28/59

BY AFFIDAVIT OF E. L. Wilkinson

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 28, 1959
23c. NAME OF CEMETERY OR CREMATORY: Lowry City Cemetery
23d. LOCATION (City, town, or county) (State): Lowry City, Mo.
24. FUNERAL DIRECTOR: E. Husman-Sparks ADDRESS: Odessa, Mo.
25. DATE RECD. BY LOCAL REG.: 9-28-59
26. REGISTRAR'S SIGNATURE: Alva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

NOV 3 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 Irving R. Kirsman

Licensed Embalmer No. 9541

P. O. Address Odessa Mo

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