

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006392

FILED VS. MAR 7 1960 / 49

Primary Registration District No. 1002

Registrar's No. 1057

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP.</b>		Length of stay in 1b <b>64 yrs</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <b>Harold</b>		Middle <b>D</b>		Last <b>Kirkpatrick Sr.</b>	
4. DATE OF DEATH		Month <b>FEB 20.</b>		Day <b>1960</b>		Year	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 21, 1896</b>	9. AGE (last birthday) <b>64 yrs.</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COLLECTOR K. C. STAR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>KANSAS CITY MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>MERRITT M. KIRKPATRICK</b>			13b. MOTHER'S MAIDEN NAME <b>AMY L. UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>MAE MARGARET KIRKPATRICK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487 09 7704</b>		17. INFORMANT <b>MRS. ROBERT H. KIRKPATRICK</b> Address <b>10900 EAST 62nd ST.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Ruptured Lt. Ventricle</b>						<b>1 min.</b>	
DUE TO (b) <b>Myocardial Infarction</b>						<b>2 wks.</b>	
DUE TO (c) <b>Arteriosclerotic Heart Dis.</b>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 a.m. p.m.		Month, Day, Year					
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 <b>Feb. 12, '60</b> to <b>Feb. 20, '60</b> and last saw him alive on <b>Feb 20, '60</b> Death occurred at <b>5:50 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deagor or title) <b>John B. Justus MD.</b>				22b. ADDRESS <b>4620 Nichols Pkwy K.C., Mo.</b>		22c. DATE SIGNED <b>2-21-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>2 22 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS K.C. MO.</b>				25. DATE RECD. BY LOCAL REG. <b>2-22-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JOHN B. JUSTUS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Vern Lawler*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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