

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020470

FILED VS. MAY 23 1960

294

3056

124

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived in institution; Residence before admission) e. STATE <i>Mo</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		c. CITY OR TOWN <i>Moberly</i>	
Length of stay in 1b <i>1 day</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D. #2</i>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>MACHELLE FAYE KIRKENDOLL</i>			4. DATE OF DEATH Month Day Year <i>May 9 1960</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4/23/59</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>1</i>
		11. BIRTHPLACE (City and state or country) <i>Moberly, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Art Kirkendall</i>		13b. MOTHER'S MAIDEN NAME <i>Lucille Wood</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Art Kirkendall, Moberly, MO.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> DUE TO (b) <i>Congenital Leak</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2.</i> <i>From Birth</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hydrocephalic Meningocele</i>			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 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.)	
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
21. I attended the deceased from <i>Dec-59</i> to <i>5-9-60</i> and last saw her ^{her} alive on <i>5-9-60</i>		Death occurred at <i>10:25 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Katellay Do</i>		22b. ADDRESS <i>Moberly Mo</i>	22c. DATE SIGNED <i>5-10-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 11, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hagar Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Mo.</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly, Mo</i>		25. DATE REC'D. BY LOCAL REG. <i>5-11-60</i>	26. REGISTRAR'S SIGNATURE <i>Beahmhowe</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Jerry R. Cater

Licensed Embalmer No. *4906*

P. O. Address

Moberly, 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.