

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040737

FILED VS OCT 24 1960

328

3073

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 15 yrs.	c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 HELEN			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 405 HELEN AVE		
3. NAME OF DECEASED (Type or print) First Middle Last LOUISE KIRKPATRICK			4. DATE OF DEATH Month Day Year OCT. 10 - 1960			
5. SEX F	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-8-1883	9. AGE (last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ZALMA MO	12. CITIZEN OF WHAT COUNTRY ✓	
13a. FATHER'S NAME JOSEPH ROBERTS		13b. MOTHER'S MAIDEN NAME MARY WILLIAMS		14. NAME OF HUSBAND OR WIFE J.W. KIRKPATRICK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. 493-26-5393	17. INFORMANT Mrs. Charles Hooker			Address CHAFFEE MO
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) Medullary Failure					2 day	
DUE TO (b) Cerebral Vascular Hemorrhage					20 day	
DUE TO (c) Diabetes mellitus, Nephrosis, Congestive Heart Failure					6 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Same as part 1c					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 July 1960 to Oct 10 1960 and last saw ^(her) him alive on OCT 10 1960 Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Kenneth D. Bess D.O.			22b. ADDRESS Chaffee Clinic Chaffee Mo		22c. DATE SIGNED 10-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE 10-12-1960	23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM.		23d. LOCATION (City, town, or county) (State) CHAFFEE MO		
24. FUNERAL DIRECTOR STUBBS' FUNERAL HOME			ADDRESS MO	25. DATE RECD. BY LOCAL REG. OCT 12 1960	26. REGISTRAR'S SIGNATURE Mrs Paul Brophy Loff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT-OF

OCT 24 1960

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 Eugene L. Stulhofer

Licensed Embalmer No. 5012

P. O. Address Chaffee, N

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.