RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1961

-60-048897
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 521

DED

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
Length of stay in 1b 16Y;5M;7das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No.4
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shannon
c. CITY OR TOWN Summersville
Inside Limits Yes ☐ No ☐ Unknown
d. STREET ADDRESS None given. (If outside, give location)
Inside Co. Farm Yes ☐ No ☐ Unknown

3. NAME OF DECEASED (Type or print) First AUDRA Middle MAY Last KIRKMAN
4. DATE OF DEATH Month December Day 28 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct.24,1901
9. AGE (last birthday) 59
IF UNDER 1 YEAR Months 2 Days 4
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Summersville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles W. Kirkman
13b. MOTHER'S MAIDEN NAME Florence Blackwell
14. NAME OF HUSBAND OR WIFE
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. Unknown
17. INFORMANT Address Records, State Hospital No.4, Farmington, 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) Chromophobe adenoma of pituitary gland (for which a Hyophysectomy was done 6-2-59) - - - - - - - - Abt. 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dementia Praecox Psychosis about 22 years.
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 May 1, 1959, to Dec. 28, 1960 and last saw her alive on Dec. 28, 1960
Death occurred at 4:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John A. Brennan M.D. (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 12-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec.31,1960
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Texas County, Missouri
24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry Funeral Home, Cabool, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 30, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed Paul K Dugal

Signature of Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington

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