

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001466

FILED VS FEB 14 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 449 STATE FILE NUMBER

WRITE STUB
AMENDED
0 59
DATE AMENDED
-D-
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF
Stelmach

| | | | | | |
|---|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 30 yrs. | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3424 Gilham Rd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Harriett Middle Ellen Last Kirkpatrick | | | 4. DATE OF DEATH Month Jan. Day 25, Year 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 17, 1894 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | | 10b. KIND OF BUSINESS OR INDUSTRY Army Record Center | 11. BIRTHPLACE (City and state or country) Morrisonville Ill. | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Thomas Cloyd | | 13b. MOTHER'S MAIDEN NAME Julia Winston | | 14. NAME OF HUSBAND OR WIFE George A. Kirkpatrick | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address John R. Kirkpatrick Northbrook Ill. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (A) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (B) Ventricular Asystole (C) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH unknown approx. 30 min 2 yrs! | | | | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1-15-58 , to 1-25-61 and last saw her alive on 1-25-61 Death occurred at 3:30 am on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE (Degree or title) W.J. Stelmach MD | | | 22b. ADDRESS 7951 State Ave | | 22c. DATE SIGNED 1/25/61 |
| 23a. BURIAL CREMATION, REINTERMENT Reburial | 23b. DATE 1/27/61 | 23c. NAME OF CEMETERY OR CREMATORY Girard Cemetery | 23d. LOCATION (City, town, or county) (State) Girard Kansas | | |
| 24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-27-61 | 26. REGISTRAR'S SIGNATURE Ruth Long | | |

after 1 p.m.
H.C. - 4-17-67

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 Eugene Sherman

Licensed Embalmer No. 4633

P. O. Address Kansas City 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.