

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016326

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3.000 Registrar's No. 156

AMENDED

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	
Length of stay in 1b 7 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If outside, give location) Laughlin Hospital	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Earl Last Kirkpatrick			4. DATE OF DEATH Month June Day 3 Year 1961		
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5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/1961	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 0 Days 7 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (City and state or country) Kirkville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME William Leroy Kirkpatrick	13b. MOTHER'S MAIDEN NAME Charlotte Maxine Chrisman	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Wm. Leroy Kirkpatrick Address 315 N. Main Kirkville, Mo.
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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) Prematurity		7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Miscarriage (Premature labor)	7 days
	DUE TO (c) Acute omphalitis	unknown
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"/> N. <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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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 Kirkville COUNTY Adair STATE Mo.
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21. I attended the deceased from **May 27, 1961** to **June 3, 1961** and last saw **him** alive on **June 3, 1961**
Death occurred at **9:10 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jacob A. Antle (Degree or title)	22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 6.8.61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/5/1961	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) Kirkville, Mo. (State)
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24. FUNERAL DIRECTOR Dee Riley ADDRESS Funeral Home, Inc., Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. June 9, 1961	26. REGISTRAR'S SIGNATURE Doris W. Pattiff
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WR Jackson - Pres (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACK A. AUSTEN, D.O.

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 W. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kerrville

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.