

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006807

STATE FILE NUMBER

Registration District No. 446 Primary Registration District No. 3026 Registrar's No. 85

AMENDED

FILED FEB 27 1962

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 INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. INDEP. SAN.		d. STREET ADDRESS (If outside, give location) 910 MANOR ROAD	
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 N. Middle RAY Last KIRKPATRICK			4. DATE OF DEATH Month FEBRUARY Day 14 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-3-1885	9. AGE (last birthday) 65
IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RECEIVING CLERK	10b. KIND OF BUSINESS OR INDUSTRY MONTGOMERY WARD CO.	11. BIRTHPLACE (City and state or country) CATAWBO, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME MILES S. KIRKPATRICK	13b. MOTHER'S MAIDEN NAME HENRIETTA POUNDS	14. NAME OF HUSBAND OR WIFE LENAH 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. NO	17. INFORMANT Address Mrs. Lenah Kirkpatrick, 910 Manor Rd., Indep.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
DUE TO (b) Cerebral arteriosclerosis		unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis		unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHD		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 _____ a.m. _____ p.m. Month, Day, Year _____	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 6-20-61 to 2-14-62 and last saw her/him alive on 2-14-62
Death occurred at 12:30 o'clock on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. W. [Signature]</i> (Degree or title)	22b. ADDRESS Independence Mo	22c. DATE SIGNED 2-15-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-16-62	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI (State)
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24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 2-16-62	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Woodward

MS MAR 1 1965

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, 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.