

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 - 1953

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042

0093  
4  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY OR TOWN <u>Lutesville</u>		c. CITY OR TOWN <u>PLEN-ALLEN TWP LOUDRANCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVA</u> b. (Middle) <u>INEZ</u> c. (Last) <u>KIRKPATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 11, 1924</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN SHOE FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>Lutesville, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles R. Eaker</u>		13b. MOTHER'S MAIDEN NAME <u>INA CLYTIS PROFFER</u>		14. NAME OF HUSBAND OR WIFE <u>CLEARENCE Odell KIRKPATRICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-286575</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles R. Eaker</u> ADDRESS <u>Lutesville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis + cardiac decompensation</u>		
	DUE TO (c) <u>Rheumatic cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>416x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1951, to Jan 1, 1953, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Evellette S. Price, D.O.</u> (Degree or title)	23b. ADDRESS <u>Lutesville, Missouri</u>	23c. DATE SIGNED <u>1/2/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER COUNTY MEM. PARK</u>
24d. LOCATION (City, town, or county) (State) <u>Lutesville MO</u>		

DATE REC'D BY LOCAL REG. <u>Jan 3, 1953</u>	REGISTRAR'S SIGNATURE <u>William H. Hantenburg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Lutesville, Mo</u>
---	--	---

**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 .....

Student Embalmer

Signed

*C. J. Lorberg*

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau*

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 this body is not embalmed, fact should be so stated above.