This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Audrey C. Marrocco
Audrey C. Marrocco
State Registrar

11139351
No.

August 13, 2021
Date

H105-143 REV 11/2006 TYPE / PRINT IN PERMANENT BLACK INK

10 copies

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

090252

CERTIFICATE OF DEATH

(See instructions and examples on reverse)

STATE FILE NUMBER

DECEDENT'S PERSONAL DATA

1. Name of Decedent (First, middle, last, suffix)	2. Sex	3. Social Security Number	4. Date of Death (Month, day, year)
Robert W. Kirkwood	Male	188 - 05 - 8606	September 15, 2007

5. Age (Last Birthday)	Under 1 year: Months / Days	Under 1 day: Hours / Minutes	6. Date of Birth (Month, day, year)	7. Birthplace (City and state or foreign country)	8a. Place of Death (Check only one)
88 Yrs.			Jan. 3, 1919	Lebanon, PA	Hospital: ☐ Inpatient ☐ ER / Outpatient ☐ DOA; Other: ☒ Nursing Home ☐ Residence ☐ Other - Specify:

8b. County of Death	8c. City, Boro, Twp. of Death	8d. Facility Name (If not institution, give street and number)	9. Was Decedent of Hispanic Origin? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	10. Race: American Indian, Black, White, etc. (Specify)
Lebanon	S. Lebanon Twp.	Cedar Haven		White

11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired)		12. Was Decedent ever in the U.S. Armed Forces?	13. Decedent's Education (Specify only highest grade completed)		14. Marital Status: Married, Never Married, Widowed, Divorced (Specify)	15. Surviving Spouse (If wife, give maiden name)
Kind of Work	Kind of Business / Industry		Elementary / Secondary (0-12)	College (1-4 or 5+)		
Field Representative	Shoe Pattern Maker	☒ Yes ☐ No	12		Widowed	

16. Decedent's Mailing Address (Street, city / town, state, zip code)	Decedent's Actual Residence	Did Decedent Live in a Township?
590 S. 5th Avenue Lebanon, PA 17042	17a. State: Pennsylvania 17b. County: Lebanon	17c. ☒ Yes, Decedent Lived in: S. Lebanon Twp. 17d. ☐ No, Decedent Lived within Actual Limits of: _____ City / Boro

18. Father's Name (First, middle, last, suffix)	19. Mother's Name (First, middle, maiden surname)
John W. Kirkwood	Emeline G. Buser

20a. Informant's Name (Type / Print)	20b. Informant's Mailing Address (Street, city / town, state, zip code)
Ann Pete	217 Mifflin St. Lebanon, PA 17046

DISPOSITION

21a. Method of Disposition	Cremation / Donation	21b. Date of Disposition (Month, day, year)	21c. Place of Disposition (Name of cemetery, crematory or other place)	21d. Location (City / town, state, zip code)
☒ Burial ☐ Removal from State ☐ Other - Specify:	Was Cremation or Donation Authorized by Medical Examiner / Coroner? ☐ Yes ☐ No	September 18, 2007	Schaefferstown Cemetery	Schaefferstown, PA 17088

22a. Signature of Funeral Service Licensee (or person acting as such)	22b. License Number	22c. Name and Address of Facility
[signature]	012523-L	Clauser Funeral Home, Inc. N. Carpenter Street Schaefferstown, PA 17088

PRONOUNCING

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

Items 24-26 must be completed by person who pronounces death.

23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title)	23b. License Number	23c. Date Signed (Month, day, year)
Maryluise Gingrich RN	RN304991L	Sept. 15th, 2007

24. Time of Death	25. Date Pronounced Dead (Month, day, year)	26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation?
8:55 A.M. M.	September 15th, 2007	☐ Yes ☒ No

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)

Item 27, Part I: Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. List only one cause on each line.

		Approximate Interval: Onset to Death	Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Pneumonia		CHF
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	Due to (or as a consequence of): b.		
	Due to (or as a consequence of): c.		
	Due to (or as a consequence of): d.		

28. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

30a. Was an Autopsy Performed?	30b. Were Autopsy Findings Available Prior to Completion of Cause of Death?	31. Manner of Death	32a. Date of Injury (Month, day, year)	32b. Describe How Injury Occurred	32c. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify)
☐ Yes ☒ No	☐ Yes ☐ No	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not be Determined			

32d. Time of Injury	32e. Injury at Work?	32f. If Transportation Injury (Specify)	32g. Location of Injury (Street, city / town, state)
M.	☐ Yes ☐ No	☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other - Specify:	

33a. Certifier (check only one)

- Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ☒
- Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐
- Medical Examiner / Coroner On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐

33b. Signature and Title of Certifier	33c. License Number	33d. Date Signed (Month, day, year)
[signature] MD	MD039867E	9/15/07

34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print	35. Registrar's Signature and District Number	36. Date Filed (Month, day, year)
Doreen E. Miller, MD Tan + Chestnut Sts. Fredericksburg, PA 17026	[signature] 13181515	Sept. 17, 2007

NAME OF DECEDENT: Robert W. Kirkwood

ALIAS USED

Disposition Permit No. 0027953

HVS—20143 Rev. 11-68
LOCAL REG. NO. 1223
PRIMARY DIST. NO. 36001-340

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

120287 70

1. DEATH OCCURRED IN: a. County: Lancaster County; b. City or borough: Lancaster
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number):
d. Full Name of Hospital or institution (if not in hospital, give street address): LANCASTER GENERAL

2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number: MAIN ST.
b. Post Office, State and Zip Code: SCHAEFFERSTOWN, PENNA. 17088

3. VETERAN: Yes ☐ No ☐
a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) Mary b. (Middle) F. c. (Last) Kirkwood

5. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 70

6. WHERE DID DECEASED ACTUALLY LIVE? a. State PENNA. b. County LEBANON
c. Did deceased live in a township? ☐ Yes, deceased lived in HEIDELBERG township. ☐ No, deceased lived within actual limits of ____ city or borough.

7. SEX	8. RACE	9 MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	10. DATE OF BIRTH	11. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
FEMALE	WHITE	MARRIED ☒ / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐	11-29-1920	50		

12. USUAL OCCUPATION (even if retired): HOUSEWIFE
13. SOCIAL SECURITY NO.:
14. BIRTHPLACE (State or foreign country): PENNA
15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. FULL NAME OF SPOUSE: ROBERT W. KIRKWOOD
17. MOTHER'S MAIDEN NAME: FRANCES (DAUGHERTY) ZENGERTY
18. FATHER'S NAME: JOHN C. ZENGERLE
19. INFORMANT'S NAME, ADDRESS AND ZIP CODE: Robert W Kirkwood Schaefferstown 17088

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).
PART I. Death was caused by:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	INTRACRANIAL NEOPLASM	2 MOS
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED: Yes ☐ No ☑

22. a. ACCIDENT	22. b. DESCRIBE HOW ACCIDENT OCCURRED	22. c. TIME OF ACCIDENT: Hour / Month / Day / Year
Yes ☐ No ☑		E.S.T.

22. d. ACCIDENT OCCURRED	22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)	22. f. CITY, BOROUGH, TOWNSHIP / COUNTY / STATE
While at work ☐ Not while at work ☐		

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 3:00 A.M., E.S.T.
a. Signature: J. Argires / Michael T. Plante M.D. M. D. or D.O. b. Address: Lancaster c. Date signed: 12/17/70

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24. b. DATE	24. c. NAME OF CEMETERY OR CREMATORY	24. d. LOCATION (City, Boro., Twp., & County) (State)
	12-19-70	SCHAEFFERSTOWN. Pa	SCHAEFFERSTOWN Pa.

25. DATE REC'D BY REG.	26. REGISTRAR'S SIGNATURE	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR
12/17/70	Edna H Seegfried	[illegible] Schaefferstown Pa