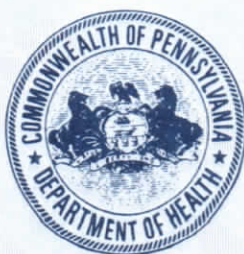


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Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

11139350

No.

August 13, 2021

Date

HVS-20143 Rev. 11-68

LOCAL REG. NO.

PRIMARY

DIST. NO.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

120287 70

1. DEATH OCCURRED IN: <u>Lancaster County, Lancaster</u>		2. DECEASED'S MAILING ADDRESS: <u>MAIN ST.</u>	
a. County		a. Street address, R. D., or Box Number	
b. City or borough		b. Post Office, State and Zip Code	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)		<u>SCHAEFFERSTOWN, PENNA. 17088</u>	
d. Full Name of Hospital or Institution (if not in hospital, give street address)		3. VETERAN Yes ☐ No ☐	
<u>LANCASTER GENERAL</u>		a. Which War	
4. NAME OF DECEASED (Type or print) <u>Mary F. Kirkwood</u>		b. Serial No.	
a. (First)	b. (Middle)	5. DATE OF DEATH (Month) (Day) (Year) <u>12-17-70</u>	
c. (Last)			
6. WHERE DID DECEASED ACTUALLY LIVE? a. State <u>PENNA.</u> c. Did deceased live in a township? ☐ Yes, deceased lived in <u>HEIDELBERG</u> township. ☐ No, deceased lived within actual limits of _____ city or borough.			
b. County <u>LEBANON</u>			
7. SEX <u>FEMALE</u>	8. RACE <u>WHITE</u>	9. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	10. DATE OF BIRTH <u>11-29-1920</u>
12. USUAL OCCUPATION (even if retired) <u>HOUSEWIFE</u>		11. AGE (In years last birthday) <u>50</u>	
13. SOCIAL SECURITY NO. _____		If under 1 year Months Days If under 24 hours Hours Min.	
14. BIRTHPLACE (State or foreign country) <u>PENNA.</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. FULL NAME OF SPOUSE <u>ROBERT W. KIRKWOOD</u>		17. MOTHER'S MAIDEN NAME <u>FRANCES (DAUGHERTY) ZENGERTY</u>	
18. FATHER'S NAME <u>JOHN C. ZENGERT</u>		19. INFORMANT'S NAME, ADDRESS AND ZIP CODE <u>Robert W. Kirkwood Schaefferstown 17088</u>	

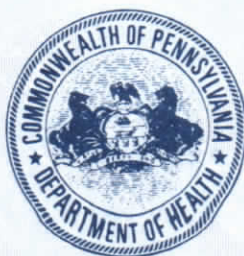
MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).		INTERVAL BETWEEN ONSET AND DEATH
PART I. Death was caused by:		
IMMEDIATE CAUSE (a) <u>INTRACRANIAL NEOPLASM</u>		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		21. WAS AUTOPSY PERFORMED Yes ☐ No ☒
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)		

22. a. ACCIDENT Yes ☐ No ☒	22. b. DESCRIBE HOW ACCIDENT OCCURRED	22. c. TIME OF ACCIDENT Hour m. E.S.T.
22. d. ACCIDENT OCCURRED While at work ☐ Not while at work ☐	22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)	22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE
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 <u>3:00 A.M., E.S.T.</u>		
a. Signature <u>J. Argves / Michael T. Plante MD</u>	b. Address <u>Lancaster</u>	c. Date signed <u>12/17/70</u>
24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24. b. DATE <u>12-19-70</u>	24. c. NAME OF CEMETERY OR CREMATORY <u>SCHAEFFERSTOWN PA</u>
24. d. LOCATION (City, Boro., Twp., & County) (State) <u>SCHAEFFERSTOWN PA</u>	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <u>Edward H. Deegler</u>	
25. DATE REC'D BY REG. <u>12/17/70</u>	26. REGISTRAR'S SIGNATURE <u>Edna H. Deegler</u>	

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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

1. Name of Decedent (First, middle, last, suffix) Robert W. Kirkwood		2. Sex Male	3. Social Security Number 188 - 05 - 8606	4. Date of Death (Month, day, year) September 15, 2007
5. Age (Last Birthday) 88 Yrs.	6. Date of Birth (Month, day, year) Jan. 3, 1919	7. Birthplace (City and state or foreign country) Lebanon, PA		
8a. County of Death Lebanon		8b. City, Boro, Twp. of Death S. Lebanon Twp.		8c. Facility Name (If not institution, give street and number) Cedar Haven
9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		10. Race: American Indian, Black, White, etc. (Specify) White		
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) Field Representative		12. Was Decedent ever in the U.S. Armed Forces? ☒ Yes ☐ No		13. Decedent's Education (Specify only highest grade completed) 12
14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Widowed		15. Surviving Spouse (If wife, give maiden name) S. Lebanon		
16. Decedent's Mailing Address (Street, city / town, state, zip code) 590 S. 5th Avenue Lebanon, PA 17042		17a. State Pennsylvania 17b. County Lebanon		
18. Father's Name (First, middle, last, suffix) John W. Kirkwood		19. Mother's Name (First, middle, maiden surname) Emeline G. Buser		
20a. Informant's Name (Type / Print) Ann Pete		20b. Informant's Mailing Address (Street, city / town, state, zip code) 217 Mifflin St. Lebanon, PA 17046		
21a. Method of Disposition ☒ Burial ☐ Removal from State ☐ Other - Specify:		21b. Date of Disposition (Month, day, year) September 18, 2007		21c. Place of Disposition (Name of cemetery, crematory or other place) Schaefferstown Cemetery
22a. Signature of Funeral Service Licensee (or person acting as such) <i>[Signature]</i>		22b. License Number 012523-L		
22c. Name and Address of Facility N. Carpenter Street Clauser Funeral Home, Inc. Schaefferstown, PA 17088		23a. Date Signed (Month, day, year) Sept. 15th, 2007		
24. Time of Death 8:55 A.M.		25. Date Pronounced Dead (Month, day, year) September 15th, 2007		
26. Was Case Reported to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? ☐ Yes ☒ No		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. Pneumonia		
28. Old 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? ☐ Yes ☒ No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? ☐ Yes ☐ No		31. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined
32a. Date of Injury (Month, day, year) M.		32b. Describe How Injury Occurred CHF		
33a. Coroner (check only one) • Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) • Pronouncing and certifying physician (Physician both pronouncing death and certifying cause of death) • 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 <i>[Signature]</i> MD0398676		
34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print Doreen E. Miller, MD Tan + Chestnut Sts. Piedmont, PA 17026		35. Date Signed (Month, day, year) 9/15/07		
36. Registrar's Signature and District Number <i>[Signature]</i> 1318131515		36. Date Filed (Month, day, year) Sept. 17, 2007		

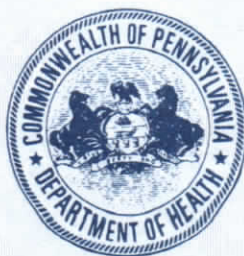
Disposition Permit No.

0027953

NAME OF DECEDENT Robert W. Kirkwood

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Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

August 13, 2021

11139353

No.

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH
(Physician)

015381

STATE FILE NO.

1. Name of decedent (First, Middle, Last) John W. Kirkwood		2. Sex M	3. Date of death (Mo., Day, Yr.) February 19, 1986	
4. Race (e.g., White, Black, American Indian, etc.) White	5A. Age last birthday 93	5B. If under 1 yr. Mos. Days	5C. If under 1 day Hours Min.	6A. Date of birth (Mo., Day, Yr.) Apr. 14, 92
6B. State or foreign country of birth Pa.	6C. Country of birth Perry	6D. City, Boro, or Twp. of birth Duncannon		
7A. Lebanon	7B. Lebanon	7C. Spang Crest		
8. Decedent's Mailing Address (Street or RFD No.) (City or Town) Spang Crest Lebanon Pa.		9. Marital Status W	10. Surviving Spouse (If wife, give maiden name)	
11. Citizen of what country? U.S.A.	12. Was decedent ever in U.S. Armed Forces? ☐ Yes ☒ No	13. Social Security Number 175-05-7045		14A. Usual Occupation (Kind of work done during most of working life) Lebanon Steel Foundry
15a. State Pa.	15b. County Lebanon	15c. Did decedent live in township, city or boro. Lebanon		
16. Father's name (First, Middle, Last) Peter Kirkwood		17. Mother's maiden name (First, Middle, Last) Unk.		
18A. Informant's name (Type or Print) Betty E. Kirkwood		18B. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) 139 Cumberland St. Lebanon Pa. 17042		
19A. Burial ☒ Removal ☐ Other ☐ 19B. Date of burial, etc. Feb. 24, 1986		19C. Name of cemetery or crematory Mt. Lebanon Cemetery		
20A. Signature of funeral director and license number <i>Richard A. Banziger</i>		20B. Name and address of funeral establishment Rohland Funeral Home, Inc. 508 Cumberland St., P.O. Box 868 Lebanon, Pa. 17042		
21. Signature of physician <i>Jeffrey A. Yocum</i>		22. Date received by registrar Feb. 22, 1986		
23. Signature of certifier (Physician, Medical Examiner or Coroner) <i>Jeffrey A. Yocum DO</i>		24. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Print or Type) Jeffrey A. Yocum DO 940 Cumberland St., Lebanon, Pa. 17042		
25. Name of Attending Physician Jeffrey A. Yocum, DO		26. Date of death (Mo., Day, Yr.) Feb. 19, 1986		
27. IMMEDIATE CAUSE: (A) Cerebrovascular Accident		28. Interval between onset and death Seconds		
29. Due to, or as a consequence of: (B) Arteriosclerotic Vascular Disease		30. Interval between onset and death		
31. Due to, or as a consequence of: (C)		32. Interval between onset and death		
33. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a) Renal Insufficiency, Hypertension		34. Autopsy ☐ Yes ☒ No		
35. Was case referred to Medical Examiner or Coroner? ☐ Yes ☒ No		36. Date of death (Mo., Day, Yr.) Feb. 19, 1986		
37. If Acc., Suicide, Hom., Undet. or Pending Investigation (Specify) 29A.		38. Date of Injury (Mo., Day, Yr.) 29B.		
39. Hour of Injury 29C.		40. Describe how injury occurred: 29D.		
41. Injury at work? ☐ No ☒ Yes		42. Place of Injury (At home, farm, street, etc.) 29F.		
43. Location (Street or RFD No.) (City, Boro, or Twp.) (State) 29G.		44. Location (Street or RFD No.) (City, Boro, or Twp.) (State) 29G.		