S. No. 300
v. 10.48

FILED MAY 12 1949

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

State File No. 13043

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5684 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Clay)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn 58
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Clay)
d. STREET ADDRESS (If rural, give location): Linneus, Mo. 5 miles West, 1 mile South of

**3. NAME OF DECEASED** (Type or Print): a. (First) FREDERICK b. (Middle) LEE c. (Last) KIRBY

**4. DATE OF DEATH** (Month) (Day) (Year): 4-17-49

**5. SEX**: MU
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 11-27-1874
**9. AGE** (In years last birthday): 74 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: agriculture
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: John Kirby
**13b. MOTHER'S MAIDEN NAME**: Louisa Turner
**14. NAME OF HUSBAND OR WIFE**: Emma

**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. F. L. Kirby, Linneus, Mo. — ADDRESS

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 2040

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* April 17, 1949, *that I last saw the deceased alive on* April 17, 1949, *and that death occurred at* 5:00 A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John R Dyer D M D
**23b. ADDRESS**: Brookfield Mo
**23c. DATE SIGNED**: 4-18-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-19-49
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olive
**24d. LOCATION** (City, town, or county) (State): Linn Missouri

**DATE REC'D BY LOCAL REG.**: April 23-49
**REGISTRAR'S SIGNATURE**: Mrs Birdie Kelley 167
**25. FUNERAL DIRECTOR'S SIGNATURE**: Brothers Funeral Home
**ADDRESS**: Linneus

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 9 1969

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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 W R Wright

Licensed Embalmer No. 4655

P. O. Address Ladiede, Missouri

**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.