

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37214**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5032**

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, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 1 YEARS		d. STREET ADDRESS (If rural, give location) 1322 EAST 81ST TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1322 EAST 81ST TERRACE			

3. NAME OF DECEASED (Type or Print) a. (First) LESTER b. (Middle) EDWARD c. (Last) DERBY			4. DATE OF DEATH (Month) (Day) (Year) NOV. 23 1949		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 13 1884		9. AGE (In years last birthday) 65 YEARS		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER BUTEREC CO. INC			10b. KIND OF BUSINESS OR INDUSTRY BUTEREC CO. INC			11. BIRTHPLACE (State or foreign country) JERSEVILLE, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME EDWARD LUCIAN DERBY			13b. MOTHER'S MAIDEN NAME CAROLINE HAWKINS			14. NAME OF HUSBAND OR WIFE MRS. OLIE MUNKRES DERBY		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-05-1804		17. INFORMANT'S SIGNATURE OR NAME MRS. OLIE MUNKRES DERBY ADDRESS 1322 E. 81ST TERR. KANSAS CITY, MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Pusule						INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 1947		19b. MAJOR FINDINGS OF OPERATION Ca of Pusule						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **22 Sept**, 19**47**, to **23 Nov**, 19**49**, that I last saw the deceased alive on **18 Nov**, 19**49**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. E. CARLSON M.D.		(Degree or title) 0		23b. ADDRESS 1316 Prof Bldg		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 26 1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 11-26-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 James T. News
Licensed Embalmer No. 445-3

P. O. Address 77 Casson City

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.