

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14209**

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 443 Registrar's No. 16

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

0880

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. LENGTH OF STAY (In this place) <u>0880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johnson Street</u>		d. STREET ADDRESS (If rural, give location) <u>Johnson Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Kirby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 17, 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>David C. Kirby</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Kirby; Huntsville, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease; Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suspected Carcinoma of the Colon</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 <u>May 30, 1949</u> , to <u>April 14, 1950</u> , that I last saw the deceased alive on <u>April 14, 1950</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. M. Esselman D.O.</u> (Degree or title)		23b. ADDRESS <u>Huntsville, Mo</u>	
23c. DATE SIGNED <u>4/22/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Patton, Huntsville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-22-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. A. ...</u>	

RECEIVED APR 27 1950
District Health Officer No. 1
District File Number 4-50-20
Date Filed

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo

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.