

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 716

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 15

23520

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>606 N. Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Presnell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Kirby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5th-1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>June 22-1879</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>J.W. Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Parlee Powers</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ed Moore Kennett Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic Heart Disease</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Generalized arterio sclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>gangrene of foot</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>H200</u>	

19a. DATE OF OPERATION <u>12-11-50</u> <u>1-25-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerosis severe - amputation - mid thigh</u>		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) m.		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 12-9, 1950, to 2-6, 1951, that I last saw the deceased alive on 2-5, 1951, and that death occurred at 3:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Wittenberger M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>2-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-6-1951</u>		REGISTRAR'S SIGNATURE <u>Carl J. Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lenz Service Kennett Mo.</u>	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-9-51

COUNTY FILE NUMBER 251-34

SEP 14 1951

OCT 18 1955

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 Edgar Free Ford

Licensed Embalmer No. 4433

P. O. Address Kenett m

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.