

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4803

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 679

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 223 West 38th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		3408 3400	
3. NAME OF DECEASED (Type or Print) a. (First) ELEANOR		b. (Middle)	
c. (Last) - KIBBEY		4. DATE OF DEATH (Month) (Day) (Year) February 10, 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 30, 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Francis Kibbey		13b. MOTHER'S MAIDEN NAME Ida Preble	
14. NAME OF HUSBAND OR WIFE -		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. No		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Miss Ilah Marian Kibbey, 223 W. 38th St., K.C.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Interval between ONSET AND DEATH 2 wks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Coronary artery sclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Chronic hypochromic anemia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4200	

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 2-10, 1951, to 2-10, 1951, that I last saw the deceased alive on 2-10, 1951, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph D. Welker (Degree or title) M.D. 23b. ADDRESS 836 Prof. Beay K.C. Mo. 23c. DATE SIGNED 2-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/14/51 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-13-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri

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

Dr. Joseph E. Weeks,
Prof. Biol.
U. 6087

WE7777

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

Herbert A. Jones

Student Embalmer No. 411

working under my personal supervision.

Signed Herbert A. Jones
Student Embalmer

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 3235 Gillman Dr.

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.