

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15231

FILED MAY 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater Cambridge, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. Slater, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Annah</u>	c. (Last) <u>Kirby</u>	4. DATE OF DEATH (Month) <u>Apr.</u> (Day) <u>28</u> (Year) <u>1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 22, 1874</u>	9. AGE (in years last birthday) <u>77</u>	# UNDER 1 YEAR <u>8</u> Months	# UNDER 1 MIN. <u>6</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Copeland</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Susan Moss</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. J. Kirby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. J. Kirby</u>	ADDRESS <u>Slater, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Slut Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart &amp; Lung Disease</u>		
	DUE TO (c) <u>Myocardium</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u>			<u>18 yrs</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Slater, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE WORKING? <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>None</u>
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22. I hereby certify that I attended the deceased from 1-73, 1951, to April 28, 1951, that I last saw the deceased alive on 4-28, 1951, and that death occurred at 8:47 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. R. ...</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>306 N. Main St. Slater, Mo.</u>	23c. DATE SIGNED <u>4/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/30/1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. ...</u>	EMERALD FUNDATIONAL DIRECTOR'S SIGNATURE <u>Slater, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970

**RECEIVED** 5-2-21

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-2-51 .....

**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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *A. C. Hill* .....

Licensed Embalmer No. *3090* .....

P. O. Address *State 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.