

FILED JUN 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16345

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Prairie Twp</b> ) c. LENGTH OF STAY (In this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. R. #1 Armstrong</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. #1 Armstrong</b>	

3. NAME OF DECEASED a. (First) <b>Martha</b> b. (Middle) <b>Caroline</b> c. (Last) <b>Kirby</b>			4. DATE OF DEATH (Month) <b>May</b> (Day) <b>9</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 12, 1862</b>	9. AGE (In years, last birthday) <b>89</b> IF UNDER 1 YEAR (Specify) <b>0 yr</b> IF UNDER 24 HRS. (Specify) <b>0 Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Knox Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Rimer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Deary</b>		14. NAME OF HUSBAND OR WIFE <b>Noah Flood Kirby</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Estill Kilgore Armstrong</b> ADDRESS <b>Mo</b>	

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) <b>Chronic Myocarditis</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 years.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b>		DUE TO (b) <b>Blind</b>		5 years.	
		DUE TO (c)		443X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 **Jan - 1946**, to **May 9, 1951**, that I last saw the deceased alive on **May 8, 1951**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE **Mr J Shaw M.D.** (Degree or title) 23b. ADDRESS **Fayette Mo.** 23c. DATE SIGNED **5-11-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/11/51** 24c. NAME OF CEMETERY OR CREMATORY **Kirby Family Cemetery** 24d. LOCATION (City, town, or county) (State) **Howard Co. Missouri**

DATE REC'D BY LOCAL REG. **May 11, 1951** REGISTRAR'S SIGNATURE **Walker Audsley** 410 25. FUNERAL DIRECTOR'S SIGNATURE **Ralph A Carr** ADDRESS **Fayette, Mo**

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

0450  
1

0450

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RECEIVED 5-30-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number -----  
Date Filed 5-31-51 -----

**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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.