

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38225**

FILED DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 132

9737
Oak Has. 0

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <u>0792</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>700 Oak Ridge Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Has.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARVIN</u>	b. (Middle) <u>Floud</u>	c. (Last) <u>Kirby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 26-1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>Centerton, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J M Kirby</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Boyd</u>	14. NAME OF HUSBAND OR WIFE <u>Billie Kirby</u>
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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>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Billie Kirby</u>	ADDRESS <u>Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mild arteriosclerosis and attacks of tachycardia.</u>		DUE TO (c) <u></u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Nov. 17, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 3:40 pm., from the causes and on the date stated above.

23. SIGNATURE <u>Melvin C. Bowman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Neosho, Mo</u>	23c. DATE SIGNED <u>Nov. 21, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>223</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort.</u>	ADDRESS <u>Neosho.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer Co. NEWTON COUNTY HEALTH UNIT

District File Number 1151-370

Date Filed NOV 30 1951

NEOSHO, MISSOURI

DEC 14 1951

ms.Bh

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

H. G. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.