

S. No. 300  
V. 10.48

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 909  
Registrar's No. 78-E

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	c. LENGTH OF STAY (in this place) <b>5 hours</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	1396
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2517 N. Johnston</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Rosanna</b> c. (Last) <b>Kirby</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 22, 1879</b>	9. AGE (In years) last birthday <b>72</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 1 YEAR Hours <b>-</b>	IF UNDER 1 YEAR Min. <b>-</b>
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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>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Dade Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>Arthur F. Nixon</b>		13b. MOTHER'S MAIDEN NAME <b>Mary M. Pemberton</b>		14. NAME OF HUSBAND OR WIFE <b>J. Walter Kirby, Sr.</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. Walter Kirby, Sr.; 2517 N. Johnston, Springfield, Mo.</b>			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage, lt</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b> ANTECEDENT CAUSES <b>copius striatum</b> DUE TO (b) <b>Hypertension, essential</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **1-24, 1952** to **1-24, 1952** that I last saw the deceased alive on **1-24, 1952** and that death occurred at **2:03 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. B. Lammon, M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>1-31-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Jan 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield, Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>2-1-52</b>	REGISTRAR'S SIGNATURE <b>James R. Amos, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Canada, Greenfield, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*J. C. Canada*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.