

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7414**

FILED MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 292
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 320 So. 31st St. 0		
3. NAME OF DECEASED a. (First) Howard b. (Middle) D. c. (Last) Kearby			4. DATE OF DEATH (Month) (Day) (Year) March 13, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1887	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Web Kearby		13b. MOTHER'S MAIDEN NAME Kate Clark		14. NAME OF HUSBAND OR WIFE Mrs. Mildred Kearby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Kearby ADDRESS 320 S. 31st, St. Joseph
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 minutes Same Unknown
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 3-13, 1952 to 3-13, 1952 , that I last saw the deceased alive on 3-13, 1952 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Orville L. Hanson M.D.		23b. ADDRESS Kirkpatrick Bldg. St. Joseph Mo		23c. DATE SIGNED 3-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/17/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. March 18, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE Neaton Bowman Funeral Home ADDRESS St. Joseph, Mo.

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

JUN 27 1957

JUN 14 1957
AUG 16 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, 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.