

## STANDARD CERTIFICATE OF DEATH

1993  
State File No. 031193

BIRTH (Mo. Day Year) 04 1953		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 0127		REGISTRAR'S NO. 100001					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution.) a. STATE Missouri				b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 53yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0192					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 402 North Hall				0			
3. NAME OF DECEASED (Type or Print) JAMES THEORDOR KERBY			a. (First) THEORDOR			c. (Last) KERBY					
4. DATE OF DEATH January 18, 1953			5. SEX Male			6. COLOR OR RACE White					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Sept. 18, 1873			9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 0	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Retail			10b. KIND OF BUSINESS OR INDUSTRY Merchant			11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Izac Kerby			13b. MOTHER'S MAIDEN NAME Emiline Marsh			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES			16. SOCIAL SECURITY NO. Jan. 25, 1905			17. INFORMANT'S SIGNATURE OR NAME Mrs. Lizzie Fisher Webb City, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTRO-INTESTINAL HEMORRHAGE 2 DAYS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GASTRIC C.A. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH		
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 151x		
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) m.			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 1-16, 1953, to 1-18, 1953, that I last saw the deceased alive on 1-16, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above.											
23a. SIGNATURE J. M. Pencer (Degree or title)					23b. ADDRESS 90. CARTERVILLE, MO			23c. DATE SIGNED 1/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-53		24c. NAME OF CEMETERY OR CREMATORY Osborn Memorial Cem.		24d. LOCATION (City, town, or county) (State) Joplin, Missouri					
DATE REC'D BY LOCAL REG. 1-21-1953		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 4740			25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis			ADDRESS Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/88

Date Filed 1-26-53

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 Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City, 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.