

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27432**

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4496** Registrar's No. **67**

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

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> c. CITY OR TOWN <b>Shelbyville, Taylor Twp.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbyville, Mo Rural</b> c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>MARION</b> c. (Last) <b>KIMBLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-13-1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-4-1887</b>	9. AGE (in years last birthday) <b>66</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>9</b>	11. IF UNDER 18 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Frank Kimbley</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Wester</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Kimbley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elsie Kimbley, Shelbyville, Mo.</b> ADDRESS <b></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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Progressive congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>June 14 - July 13</b> <b>June 14, 1953</b> <b>since Dec. 1950</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b>		
	DUE TO (c) <b>Coronary heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) 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 **Dec. 1950**, to **July 13, 1953**, that I last saw the deceased alive on **July 13, 1953**, and that death occurred at **3:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ladye Dower, M.D.</b>	23b. ADDRESS <b>Shelbina Mo.</b>	23c. DATE SIGNED <b>July 16, 1953</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-15-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Plesant Prairie</b>	24d. LOCATION (City, town, or county) (State) <b>Bethel, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-21-53</b>	REGISTRAR'S SIGNATURE <b>Lda Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b> ADDRESS <b>Shelbina, Mo.</b>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. H. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Vt*

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.