

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40023**

State File No. ....

**FILED DEC 14 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 48

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Randolph</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		b. COUNTY <u>Randolph</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mulberry Street</u>		d. STREET ADDRESS (If rural, give location) <u>Mulberry Street</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Binda</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Kirby</u>	(Month) <u>December</u>	(Day) <u>6</u>	(Year) <u>1953</u>
(Type or Print)					

<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>single</u>	<b>8. DATE OF BIRTH</b> <u>12-7-1885</u>	<b>9. AGE (In years last birthday)</b> <u>67</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>Joseph Terry Kirby</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Genevia Twyman</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>94-052-458</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Tom Epperly; Clifton Hill, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>15 min.</u>  <u>D.K.</u>  <u>5 yr</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cotnamy Thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>arterio-sclerosis</u>  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Sept 5, 1950, to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. W. Dreyer M.D.</u>	<b>23b. ADDRESS</b> <u>Huntsville, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12/8/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12-8-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Huntsville Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Huntsville, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-9-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mary H. Bentley</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Tom B. Patton</u>	<b>ADDRESS</b> <u>Huntsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48  
80  
1

MS MAY 25 1959

**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

*Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville, Ala.*

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.