

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30667
4334
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE CITY	
c. LENGTH OF STAY (in this place) 11 DAYS		d. STREET ADDRESS (If rural, give location) 2830 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: RESEARCH HOSP		X	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W c. (Last) KIRBY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 5, 1954		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 28, 1894	9. AGE (In years last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER & BOOKKEEPER
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER & BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY MO. PUBLIC SER.		11. BIRTHPLACE (State or foreign country) DEARBORN, MO.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME GEO. W. KIRBY		13b. MOTHER'S MAIDEN NAME NANNIE MURPHY		14. NAME OF HUSBAND OR WIFE MILDRED KIRBY	
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. 482-09-2308		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GEO. W. KIRBY - PLATTE 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) Coronary Occlusion & Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) DUE TO (c)			

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1939, to Sept 5, 1954, that I last saw the deceased also on Sept 5, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Glenn W. Hendren (Degree or title) M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 9-6-54
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 9-10-54	24c. NAME OF CEMETERY OR CREMATORY DEARBORN CEMETERY	24d. LOCATION (City, town, or county) (State) DEARBORN, MO.
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DATE REC'D BY LOCAL REG. 9-10-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VAUGHN-AUFRAHC DEARBORN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 2 1955

OCT 8 1954

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.