

FILED MAR 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6924

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3072 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY OR TOWN Malta Bend	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		e. STREET ADDRESS (If rural, give location) 1 1/2 Mi. S.E. of Malta Bend	
d. FULL NAME OF HOSPITAL OR INSTITUTION 653 S. Lafayette			

3. NAME OF DECEASED (Type or Print) ELLEN	a. (First)	b. (Middle) ALMA	c. (Last) KIRBY	4. DATE OF DEATH (Month) (Day) (Year) Mar 8 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1916	9. AGE (In years last birthday) 38	If UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Leeton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Carl V. Fleener	13b. MOTHER'S MAIDEN NAME Mamie Faulkner	14. NAME OF HUSBAND OR WIFE George Kirby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Douglas Johnson	ADDRESS Independence, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Inscr -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvula heart lesion.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 March 8, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE P. Lawrence M.D., Coroner Saline Co.	(Degree or title)	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 9-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-12-55	24c. NAME OF CEMETERY OR CREMATORY Leeton Cem.	24d. LOCATION (City, town, or county) (State) Leeton, Mo.
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DATE REC'D BY LOCAL REG. Mar. 11-55	REGISTRAR'S SIGNATURE Cecil K. Reak - deputy	385-0	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Joseph R. Marshall*.....

Licensed Embalmer No. *45*.....

P. O. Address *Marshall*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.