

STANDARD CERTIFICATE OF DEATH

State File No. 2765BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2765

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 70 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5344 Charlotte			STREET ADDRESS (If rural, give location) 74 5344 Charlotte 37480				
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) EDWARD c. (Last) KIRTLEY			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1955				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH May 9, 1858	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (City and State or Foreign Country) Ralls County - Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Columbus F. Kirtley		13b. MOTHER'S MAIDEN NAME Virginia Buckner		14. NAME OF HUSBAND OR WIFE Fannie H. Kirtley			
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. 493-12-9437	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Bettie Kirtley, 5344 Charlotte, K.C. 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) Arteriosclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 1 Chronic Adrenal Insufficiency 2 Bronchopneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 years year 4250 approx 10 yrs approx 8 days		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 July 31, 1914 , to June 28, 1955 , that I last saw the deceased alive on June 27, 1955 , and that death occurred at 12:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Goodson Jr. M.D.			23b. ADDRESS 730 12th St. Kansas City, Mo		23c. DATE SIGNED 6/28/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/30/55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 6-29-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

L. W. Smith & Sons, Inc.

Sp 121

Permit No.

VI 3434

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 *J. S. Walton*.....

Licensed Embalmer No *J. S. Walton*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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