

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33866**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4228 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Plevna (rural)</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>05<sup>th</sup> 0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Gibson Hospital &amp; Clinic</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EVERETT</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>KIMBLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 4, 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 10, 1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Month Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>See Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Austin Kimbley</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Barnett</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Beulah Krebs, Los Angeles, Cal</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exsanguination</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatectomy</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>610X</b>			

19a. DATE OF OPERATION <b>11/4/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>enlarged, hard dense adherent prostate gland</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) (Min.)	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 11/2, 1955, to 11/4, 1955, that I last saw the deceased alive on 11/4, 1955, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. H. Gibson, D.O.</b>	23b. ADDRESS <b>Edina, Mo.</b>	23c. DATE SIGNED <b>11/5/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Nov. 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Novelty cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Novelty, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 7-1955</b>	REGISTRAR'S SIGNATURE <b>Will S. Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. G. Ervine, Edina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5220  
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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, ~~of~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Mrs J. W. Hudson* \_\_\_\_\_

Licensed Embalmer No. *2972* \_\_\_\_\_

P. O. Address *Edina, 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.