

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13337  
State File No. 1679  
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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 14 Days		e. STREET ADDRESS (If rural, give location) 5801 Parallel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Rosa	b. (Middle) Mills	c. (Last) Kibbee	4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rosita, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Mills	13b. MOTHER'S MAIDEN NAME Lavina Catherine Smethers	14. NAME OF HUSBAND OR WIFE Lon D. Kibbee
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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. 486012864	17. INFORMANT'S SIGNATURE OR NAME Bryan Kanatzar - Nephew	ADDRESS K. C. 4321 Charlotte-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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs  32 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia	DUE TO (b) Right hemiplegia	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cerebral Hemorrhage	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transient Semiplegia	

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 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)	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 2-8, 1956, to 4-17, 1956, that I last saw the deceased alive on 4-16, 1956, and that death occurred at 5:15 A.M., from the cause and on the date stated above.

23a. SIGNATURE Harold W. Bain (Degree or title)	23b. ADDRESS 4130 Rainbow Blvd Kansas City, Kansas	23c. DATE SIGNED 4-18-56
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE 4-20-56	24c. NAME OF CEMETERY OR CREMATORY Eureka Cemetery	24d. LOCATION (City, town, or county) (State) Eureka, Kansas
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DATE REC'D BY LOCAL REG. 4-18-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Warnick-Custer-Eads	ADDRESS Kansas City, Kansas
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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 *J. M. Swisher*

Licensed Embalmer No. *330*

P. O. Address *W. C. K...*

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.