

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16436**

1853

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1853</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>80 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Blue Manor Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>7563 Strand Avenue 3916</b>					
3. NAME OF DECEASED (Type or Print) <b>William SHERMAN KIRKE</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 25 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 23, 1969</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - OWNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>California Produce Company</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County, Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>ANDREW JACKSON KIRKE</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY ELIZABETH LEA</b>			14. NAME OF HUSBAND OR WIFE <b>Lenora Kirke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Morris 3217 West 71st Street K.C., Mo.</b>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral Arteriosclerosis</b>				<b>10 1/2 hr.</b>			
		DUE TO (c) <b>Generalized Arteriosclerosis</b>				<b>10 1/2 hr.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hypertension, Essential</b>				<b>10 1/2 hr.</b>			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>March 1954</b> , to <b>April 25, 1956</b> that I last saw the deceased alive on <b>April 5, 1956</b> and that death occurred at <b>6:00 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Robt. J. Boody, M.D.</b>				23b. ADDRESS <b>217 Plaza Pine Bluff, Mo</b>		23c. DATE SIGNED <b>4/26/56</b>			
24a. BURIAL, CREMATION, REMOVALS (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 28 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>4-28-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. NEWCOMER'S SONS 1331 BRUNN CREEK BLVD. K.C., MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Robt. J. Boody M.D.300  
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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, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward M. St...*

Licensed Embalmer No. *48*

P. O. Address *K.C. 11*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.