

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26986

State File No. 3338

FILED AUG 29 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3338</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Kansas</u>				b. COUNTY <u>Sedgwick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>Wichita</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>603 Valentine Road</u>				e. STREET ADDRESS (If rural, give location) <u>732 North Topeka</u>				<u>815<sup>0</sup> S</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u>			b. (Middle)		c. (Last) <u>Kimble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1956</u>		
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u> <u>0</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 4, 1908</u>		9. AGE (In years last birthday) <u>47</u> # UNDER 1 YEAR Months Days # UNDER 1 HRZ. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self employed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Onaga, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roy Kimble</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Makin</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Kimble</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>511 097638</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Kimble, Wichita, Kansas</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma, lt knee + Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Sarcoma to Abt. Organ</u> <u>18 mos</u> DUE TO (c) <u>Sarcoma, lt knee - soft tissue</u> <u>2 yrs</u> 197X 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 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)		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 <u>18 July, 1956</u> to <u>1 Aug, 1956</u> , that I last saw the deceased alive on <u>31 July, 1956</u> , and that death occurred at <u>4:25<sup>0</sup> a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. C. VanBuskirk M.D.</u>				23b. ADDRESS <u>1418 Professional Bldg</u>			23c. DATE SIGNED <u>Aug 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Memorial Gardens, Wichita, Kans.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>8-1-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kansas</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Wm. C. VanBuskirk

1-6-60

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 M. McCarthy*

Licensed Embalmer No...4694.....

P. O. Address...R.P. Mc.....

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.