

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34061

STATE FILE NUMBER

4634

FILED NOV 15 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 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, give TOWNSHIP only) OR TOWN Kansas City | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 50 CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | | Length of stay in hospital 19 yrs | | d. STREET ADDRESS (If outside, give location) 1403 E. 8 St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Elmer Middle W. Last Kimball | | | | 4. DATE OF DEATH Month 10 Day 24 Year 1956 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 10/23/1877 | | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY Logger | | 11. BIRTHPLACE (City and state or country) IOWA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME — Kimball | | | | 14. MOTHER'S MAIDEN NAME — Young | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT (Address) W. R. Kimball 454 So Bellaine | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | DUE TO (c) | | 4201 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Oct. 12, 1956 to Oct. 24, 1956 and last saw him him alive on Oct. 24, 1956 Death occurred at 3:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE R. J. Burns, M.D. | | | | 22b. ADDRESS 24th & Cherry | | 22c. DATE SIGNED 10-24-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 10/27/56 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City Kans. | | |
| 24. FUNERAL DIRECTOR Sheil Funeral Home K.C. Mo. | | | 25. DATE RECD. BY LOCAL REG. 10-26-56 | | 26. REGISTRAR'S SIGNATURE Thelma Marshall | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Coronary, etc. must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related.

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 *Richard E. Carroll*.....

Licensed Embalmer No. *48*.....

P. O. Address *Ken*.....

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.