

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.   
 000 -56   
 Public Health, Welfare and Safety Service   
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 13 1956

STANDARD CERTIFICATE OF DEATH

38105

STATE FILE NUMBER 5073

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

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>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>FREEMAN</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>				Length of stay in 1b <b>4 days</b>		d. STREET ADDRESS (If outside, give location) <b>RURAL ROUTE #1</b>	
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Dayton</b> Last <b>Kirby</b>				4. DATE OF DEATH Month <b>Nov</b> Day <b>21</b> Year <b>1956</b>			
5. SEX <b>D</b> <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>FEB 21, 1905</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b> Hours <b>0</b> Min. <b>0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mo. Pacific R.R.</b>		100. KIND OF BUSINESS OR INDUSTRY <b>YARD MASTER</b>	
11. BIRTHPLACE (City and state or country) <b>CHICAGO, ILLINOIS</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>JOSEPH KIRBY</b>				14. MOTHER'S MAIDEN NAME <b>CATHERINE MCCARTHY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>496-18-9447</b>		17. INFORMANT <b>Marie Kirby Freeman, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>five days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>acute coronary thrombosis</b>							
DUE TO (c) <b>arteriosclerotic heart disease</b>							
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 <b>3:25p</b> Month <b>Nov</b> Day <b>21</b> Year <b>1956</b> a. m. <b>p. m.</b>							
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	
				<b>November 17, 1956</b>		<b>November 21, 1956</b>	
21. I attended the deceased from <b>November 17, 1956</b> to <b>November 21, 1956</b> and last saw her alive on <b>11/21/56</b> Death occurred at <b>3:25p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. E. Castles</b>				22b. ADDRESS <b>M. D. 1002 Argyle Building, K. C., Mo.</b>		22c. DATE SIGNED <b>11/23/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV. 24-1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEM</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMERSONS</b>				ADDRESS <b>1331 K. C. Mo. BRUSH CREEK BLVD</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-56</b>	
				26. REGISTRAR'S SIGNATURE <b>neve minahell</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
*Kellie Kessel*

Licensed Embalmer No. *46*

P. O. Address.....  
*K. C. V.*

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