

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41568

State File No.

5215

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5215</u>	
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, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				STREET ADDRESS (If rural, give location) 3622 Pennsylvania			
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR		b. (Middle) W		c. (Last) KIRBY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 30, 1888	
9. AGE (In years last birthday) 68		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) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Linneus Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard E. Kirby		13b. MOTHER'S MAIDEN NAME Ida Mae Bruce		14. NAME OF HUSBAND OR WIFE Mrs. Opal L. Kirby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-09-7462A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Opal Kirby, Kansas City, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COP. PULMONALE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PLEURAL EFFUSION (BILATERAL) DUE TO (c) ANAPLASTIC CARCINOMATOSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CORDINARY HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 1 WK. 6 WKS. 8 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>OCT. 1949</u> , to <u>DEC. 3, 1956</u> , that I last saw the deceased alive on <u>Dec. 3, 1956</u> , and that death occurred at <u>6:04 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George K. Landis, M.D.				23b. ADDRESS 1630 Prof. Bldg.		23c. DATE SIGNED 12/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-5-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12-4-56		REGISTRAR'S SIGNATURE Ira Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
George K. Landis

102011 13108-1630
V 1 2-1643

Nov 13 - 1943

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 *Clayton K. Barnes*

Licensed Embalmer No. *4793*

P. O. Address *K. E. M.*

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.