

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>11 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>503 E. Central St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 E. Central St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johannie</u>	b. (Middle) <u>William</u>	c. (Last) <u>Kirby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1956</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>M.K.T. Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Franklin Kirby</u>	13b. MOTHER'S MAIDEN NAME <u>Carolina Elizabeth Stevens</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna Elizabeth Kirby</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Kirby</u>	ADDRESS <u>503 E. Central Nevada, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pulmonary Tuberculosis far advanced, progressive. Sensitive to</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>all anti-tubercular drugs.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 August, 1946, to Dec. 13, 1956 that I last saw the deceased alive on Nov. 14, 1956 and that death occurred at A/ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. B. Wray, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>	23c. DATE SIGNED <u>12-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-18-1956</u>	REGISTRAR'S SIGNATURE <u>(Anna E. Ferry)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home, Nevada, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SI-0

1951 ST 70P

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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 *L. Angles Ferry*.....

Licensed Embalmer No. *4969*

P. O. Address *Nevada, T.*

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.