

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13649**

FILED APR 26 1957

Registrar's No. **79**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	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) 2 days		e. STREET ADDRESS (If rural, give location) 777 1/2 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		04950	
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle)	c. (Last) Kirby
4. DATE OF DEATH (Month) (Day) (Year) Apr. 19, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 9, 1875
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and State or Foreign Country) Kirbyville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Kirby		13b. MOTHER'S MAIDEN NAME Martha Gray	14. NAME OF HUSBAND OR WIFE Daisy L. Kirby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion, coronary artery -		sudden death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) arteriosclerosis.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		senility	(?)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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) (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 **Apr 28, 1957**, to **Apr 19, 1957**, that I last saw the deceased alive on **April 19, 1957**, and that death occurred at **7:00 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood (Degree or title) M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 4-20-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Resden Cemetery
24d. LOCATION (City, town, or county) (State) Jasper County Mo.		
DATE REC'D BY LOCAL REG. 4-20-57	REGISTRAR'S SIGNATURE W. H. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. ADDRESS

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

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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 Elmer C. Elmer

Licensed Embalmer No. 1955

P. O. Address Eastman

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.