

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20484**

FILED JUN 19 1957

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **211**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warsaw Ci	
c. LENGTH OF STAY (If in this place) SIX days		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GILBERT	b. (Middle) STEPHEN	c. (Last) KIRBY	4. DATE OF DEATH (Month) (Day) (Year) June 16th '57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 24th 193	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian	10b. KIND OF BUSINESS OR INDUSTRY Veterinarian	11. BIRTHPLACE (State or foreign country) Fristoe, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Robert Kirby	13b. MOTHER'S MAIDEN NAME Etta Salley	14. NAME OF HUSBAND OR WIFE Kathryn Kirby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW # 1	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Kathryn Kirby ADDRESS Warsaw, Missouri
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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 72 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		?
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urteral obstruction DUE TO (c) Carcinomatous (primary penis) epidermoid		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/25, 1956**, to **6/16, 1957**, that I last saw the deceased alive on **6/16, 1957**, and that death occurred at **3:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. ... M.D. (Degree or title)	23b. ADDRESS 503 E. High St. J. C. Mo.	23c. DATE SIGNED 6/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 19th 1957	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Warsaw, Missouri
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DATE REC'D BY LOCAL REG. 18 June 1957	REGISTRAR'S SIGNATURE R. P. ... MA-MR	25. FUNERAL DIRECTOR'S SIGNATURE Tanner Service Jeff. City, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 28 1957

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
Student Embalmer

Signed _____



Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address. Jefferson City, Missouri

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 this body is not embalmed, fact should be so stated above.