

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029147
STATE FILE NUMBER

SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3941

300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 West Armour		Length of stay in lb 16 years	d. STREET ADDRESS (If outside, give location) 114 West Armour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MR. ALBERT RIMER KIRBY			4. DATE OF DEATH Month Day Year August 15 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16, 1896	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Govt		10b. KIND OF BUSINESS OR INDUSTRY Gen Adm Services		11. BIRTHPLACE (City and state or country) Fayette Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert L. Kirby		13b. MOTHER'S MAIDEN NAME Rose Rimer	
14. NAME OF HUSBAND OR WIFE Kathryn K. Kirby		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO. 498-22-8939	
17. INFORMANT Kathryn K. Kirby		Address 114 W. Armour		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), starting the underlying cause lost. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
19. INTERVAL BETWEEN ONSET AND DEATH 2 hrs		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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Fayette		COUNTY Missouri		STATE	
21. I attended the deceased from 9-14-58 to 8-15-58 and last saw him alive on 8-14-58 Death occurred at 12:16 AM 8-15-58 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Waldo S. Holt (Degree or title)		22b. ADDRESS 4620 Nichols Plaza	
22c. DATE SIGNED 8-15-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 16, 1958	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or country) Fayette, Missouri		(State)	
24. FUNERAL DIRECTOR Stine & McClure Und Co., K. C., Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-16-58	
26. REGISTRAR'S SIGNATURE Waldo S. Holt					

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *William M. Turner*
Licensed Embalmer No. *4688*
Kansas City, Mo.

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.