

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013077

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

99

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Cole Camp	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location) None	
Length of stay in lb 2 hrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Darlene	Middle Rose	Last Kirby	4. DATE OF DEATH Month April Day 20 Year 1959
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5. SEX Female	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 Dec. 19, 1923	9. AGE (In years at birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.	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) At Home	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Morris Co. Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Metcalfe	13b. MOTHER'S MAIDEN NAME Ruth Hylton	14. NAME OF HUSBAND OR WIFE Cody Kirby
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, go, or unknown) (If yes, state branch & type of service) No	16. SOCIAL SECURITY NO. 491 22 4900	17. INFORMANT Cody Kirby, Cole Camp, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 3-4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Insufficiency	3-4- Hours
	DUE TO (c) Chronic Myocardial Insufficiency	7-8 Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pregnancy		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 COUNTY STATE
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21. I attended the deceased from 6:45 AM 4/20/59 to 8:50 AM 4/20/59 and last saw her alive on 4/20/59 at 8:50 AM Death occurred at 8:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Clinton L. Glasgow, D.O.</i>	22b. ADDRESS 105 E. Ohio St. Clinton, Mo.	22c. DATE SIGNED 4/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 22, 59	23c. NAME OF CEMETERY OR CREMATORY Shady Grove	23d. LOCATION (City, town, or county) (State) Benton County, Missouri
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24. FUNERAL DIRECTOR Fred Davis and Son Lincoln, Mo.	25. DATE RECD. BY LOCAL REG. 4-22-59	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Caution: Entries on this form must be made only after a complete necropsy has been made. No symptoms will be listed. All diseases in Part I must be causally related.

MS
MAY 26 1959

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

Eugene R. Consalvo

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.