THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017113

FILED MAY 28 1959 Registration District No. 73 Primary Registration District No. 5291 STATE FILE NUMBER Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. Hosp — Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY CLAY
c. CITY OR TOWN North Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1030 E 21st Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Horace Middle: A Last: Kimberlin
4. DATE OF DEATH Month: May Day: 19 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan 21 1882
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Supt. Grain Elev.
10b. KIND OF BUSINESS OR INDUSTRY Midland Mills
11. BIRTHPLACE (City and state or country) Ky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Kimberlin
13b. MOTHER'S MAIDEN NAME Lula
14. NAME OF HUSBAND OR WIFE Mary E Kimberlin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-07-72
17. INFORMANT Mary E. Kimberlin — Address 1030 E 21st Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebromalacia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1 59 to and last saw him alive on May 18
Death occurred at 5 A.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Wm Goodson
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 5/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/21/59
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
23d. LOCATION (City, town, or county) Liberty (State) Mo.

24. FUNERAL DIRECTOR D. W. Newcomer Sons — ADDRESS N.K.C. Mo
25. DATE RECD. BY LOCAL REG. 5-23-59
26. REGISTRAR'S SIGNATURE Mabel Graham

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

* All diseases in Part I must be causally related.

RECE
MAY
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HEAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John V. Herrick Jr.

Licensed Embalmer No. 4848

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.