

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 28 1960

-60-004818

INDEXED

Registration District No. 356 Primary Registration District No. 6211 Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roubidoux Twp		Length of stay in 1b 59 yrs.		c. CITY OR TOWN Roubidoux Twp.		Inside Limits Yes ☐ No ☐					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 3 mi. N.E. Roby, Mo.		Reside on Farm Yes ☒ No ☐				
3. NAME OF DECEASED (Type or print) Kirby Lawrence Kimrey				4. DATE OF DEATH Month Day Year 1 - 17 - 60							
5. SEX male		6. COLOR OR RACE white		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 5-5-1900		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Towerman				10b. KIND OF BUSINESS OR INDUSTRY Forestry Service				11. BIRTHPLACE (City and state or country) Roby, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Kimrey				13b. MOTHER'S MAIDEN NAME Molly Crumrine				14. NAME OF HUSBAND OR WIFE Aulta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 500-05-1792		17. INFORMANT Aulta Kimrey-Roby, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of Myocardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown										INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m.											
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 1-12-60 to 1-17-60 and last saw him alive on 1-17-60 Death occurred 5:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Joe A. Wall MD				22b. ADDRESS Houston, Missouri				22c. DATE SIGNED 1-20-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-20-60		23c. NAME OF CEMETERY OR CREMATORY Knob Cemetery		23d. LOCATION (City, town, or county) Texas County, Missouri		(State)			
24. FUNERAL DIRECTOR Raymond E. Duff-Houston, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 25-60		26. REGISTRAR'S SIGNATURE Myrtle Craig					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston,

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.

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