

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014136

FILED VS MAY 3 1960

STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberal		c. CITY OR TOWN Liberal, Mo.	
Length of stay in 1b 62 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Liberal R.R.#1		d. STREET ADDRESS (If outside, give location) Liberal R.R.#1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ava Middle Arizona Last Kerby Kirby		4. DATE OF DEATH Month 4 Day 19 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/1864
9. AGE (last birthday) 95		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Exline, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James A. Hutchinson	
13b. MOTHER'S MAIDEN NAME Mary Ann Robins		14. NAME OF HUSBAND OR WIFE Labor Kerby	
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. None	
17. INFORMANT Mary Carlock--Daughter--Liberal, Mo.		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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inanition & Senility		3 Mos.
DUE TO (c) Recurrent & Decubitus Ulcers		4 Mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hy po static pneumonia last 3 days		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
20c. TIME OF INJURY Hour 9:40 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from July 2 - 1952 to Apr. 19, 1960 and last saw her alive on Apr. 18, 1960
Death occurred at 9:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) M. H. Krelland, D.O.	22b. ADDRESS Liberal, Missouri	22c. DATE SIGNED 4/20/1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/21/1960	23c. NAME OF CEMETERY OR CREMATORY Rosebank Cemetery	23d. LOCATION (City, town, or county) (State) Mulberry Kansas
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24. FUNERAL DIRECTOR Melba Masten	ADDRESS Mulberry, Ks.	25. DATE RECD. BY LOCAL REG. April 23, 1960	26. REGISTRAR'S SIGNATURE Charlotte McDowell
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(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

Merle Dale Snow

Licensed Embalmer No. 4034

P. O. Address Pittsburg

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.