

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-030627

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4422 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>2 days</b>	c. CITY OR TOWN <b>Butler</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R. F. D. # 1</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>EARL Austin KIMBLE</b>			4. DATE OF DEATH Month Day Year <b>Aug 27 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-2-1894</b>	9. AGE (last birthday) <b>65</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic car repairs</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bates Co., Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>		

13a. FATHER'S NAME <b>Ellis Kimble</b>		13b. MOTHER'S MAIDEN NAME <b>Alsie Jane Snodgrass</b>		14. NAME OF HUSBAND OR WIFE <b>Madge</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>454-03-3216</b>		17. INFORMANT Address <b>Madge Kimble Butler, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 da</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE</b>			<b>3 yrs</b>
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.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 **25 Aug 60** to **27 Aug 60** and last saw her/him alive on **26 Aug 60**  
Death occurred at **9:00 A.M.** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) <b>John F. McDonnell, M.D.</b>		22b. ADDRESS <b>315 Nichols Road Kansas City 12 Missouri</b>		22c. DATE SIGNED <b>27 Aug 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>829-1960</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure Kansas City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-60</b>	26. REGISTRAR'S SIGNATURE <b>H-L-Dwyer</b>	

DOCUMENT

BY AFFIDAVIT OF JOHN F. Mc DONNELL, M.D. 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. J...

Licensed Embalmer No. 464  
P. O. Address Kansas City

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.

*[Handwritten notes and scribbles at the bottom of the page]*