MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4298 STATE FILE NUMBER -61-029402

FILED SEP 13 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
19	Yes	No	8/30/61

BY AFFIDAVIT OF Dr. M. B. Casebolt DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 33 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3006 EAST MEYER BLVD. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First JETT Middle F. Last KIRK
4. DATE OF DEATH Month AUGUST Day 26 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/22/01
9. AGE (last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR CONSULTANT
10b. KIND OF BUSINESS OR INDUSTRY INT. HOD CARRIERS & LABORER'S UNION
11. BIRTHPLACE (City and state or country) VANDALIA, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME W. B. KIRK
13b. MOTHER'S MAIDEN NAME MARY R. WILSON
14. NAME OF HUSBAND OR WIFE MRS. HELEN KIRK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I
17. INFORMANT MRS. HELEN KIRK — Address 3006 EAST MEYER KANSAS CITY, MO.

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) Chr. Nephritis — INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr. Heart disease — 1 year
DUE TO (c) Hypertension — 3 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO X
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.) NO
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1, 1961 to Aug 26, 1961 and last saw him alive on Aug 26, 1961
Death occurred at 11:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. B. Casebolt MD
22b. ADDRESS 4000 Baltimore K. C. MO.
22c. DATE SIGNED 8-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG. 30, 1961
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 8-29-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Chester K Brown

Licensed Embalmer No. 4937

P. O. Address K C 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.