

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029395

STATE FILE NUMBER

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4115

FILED AUG 31 1961

## 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

17 Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Menorah Medical Center

Inside Limits

Yes ☒ 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 ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
750 W. 47th St.,

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
IrmaMiddle  
L.Last  
Kimmel4. DATE  
OF  
DEATHMonth  
Aug.Day  
16,Year  
1961

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-25-1890

## 9. AGE (last birthday)

70 Yrs

## 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)

At Home

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Springfield, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Poney Boyd Hubbard

## 13b. MOTHER'S MAIDEN NAME

Leland Whitlock

## 14. NAME OF HUSBAND OR WIFE

Ernest L. Kimmel

## 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

Address

Mrs. Ernestine Gentry 750 W. 47th St.

## 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 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertensive heart disease

20 years

## 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 ☐ Unknown19. 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 1 Aug 1961 to 16 Aug 1961 and last saw her alive on 16 Aug 1961  
Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or print)

Warren F. Wilhelm M.D.

## 22b. ADDRESS

Prof. Bldg KC Mo

## 22c. DATE SIGNED

8/16/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8-10-19-61

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Stine &amp; McClure, Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-18-61

## 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 Belan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, 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.

10 and 1/2 pm - 11 hours.