

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1202

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 289

Health,  
Welfare  
Public  
Service300  
-56

Use only standard nomenclature in item 18. No symptoms or signs registered. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4517 So. BENTON 6044</u>			Length of stay in 1b	d. STREET ADDRESS <u>4517 So. BENTON</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>HINDS</u> Last <u>BIBB</u>				4. DATE OF DEATH Month <u>JAN.</u> Day <u>17</u> Year <u>1957</u>				
5. SEX <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 20 1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STS. SERGEANT POLICE DEPT.</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>FRANK FORT MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>John G. Bibb</u>				14. MOTHER'S MAIDEN NAME <u>KIRTLEY</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-18-6385</u>		17. INFORMANT (Full name) <u>Mrs. Martha Bibb</u>		Address <u>4517 So. Benton</u> <u>K.C., Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (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) <u>Cerebral Vascular accident</u>							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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
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 <u>Kansas City Jackson Missouri</u>			COUNTY	STATE
21. I attended the deceased from <u>Jan 20 1956</u> to <u>Jan. 17, 1957</u> and last saw <u>him</u> alive on <u>Dec. 24, 1956</u> Death occurred at <u>9:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>K. L. Shireman M.D.</u> (Degree or title)				22b. ADDRESS <u>4606 St John Ave</u>		22c. DATE SIGNED <u>1-19-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN-21-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		23d. LOCATION (City, town, or county): <u>KANSAS CITY MISSOURI</u> (State)			
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S Sons</u>		ADDRESS <u>321 Brook Creek</u>	K.C., Mo.	DATE RECD. BY LOCAL REG. <u>1-21-57</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			

(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 *Everett L. Smith*

Licensed Embalmer No. *56*

P. O. Address *K. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.