

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16685

State File No.

680
1

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clarksburg</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Clarksburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		e. STREET ADDRESS (If rural, give location) <u>No street numbers 0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) <u>A.</u>	
		c. (Last) <u>Birdsong</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May. 10, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 13, 1881</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rocky Mount, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. M. Jobe</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Jane Jobe</u>	
		14. NAME OF HUSBAND OR WIFE <u>Tom Birdsong (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Foster, 4230 Chestnut, K.C. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Livers</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos?</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stalling the underlying cause last.</u> DUE TO (c) <u>Arterio sclerosis & Hypertension and Chronic myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 6, 1954</u> , to <u>May 10, 1954</u> , that I last saw the deceased alive on <u>May 10, 1954</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edgar A. Gibbs M.D.</u>		23b. ADDRESS <u>California</u>	
23c. DATE SIGNED <u>5/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/20/54</u>		REGISTRAR'S SIGNATURE <u>Helena Popoy</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u> ADDRESS <u>TIPTON</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Jewess E. Richard* _____

Licensed Embalmer No. *246* _____
P. O. Address *Lipton* _____

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.