

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17376

FILED MAY 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</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 township) OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (in this place) <u>30 Mins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>		<u>2680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt # 3. California, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Alfred</u>		c. (Last) <u>Birdsong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 21. 1880</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 YEAR Days <u>24</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Birdsong</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Birdsong</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Birdsong California 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>Fracture of skull + pelvis</u> <u>Interval of injury</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> <u>29 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway RT - 5 mi. South</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 15, 1951, 9:30 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by a Truck while fishing from a bridge</u>					
22. I hereby certify that I attended the deceased from <u>death</u> , to <u>11:30 a.m.</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry Latham M.D.</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>5-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-17-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Popyoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u>		ADDRESS <u>California</u>	

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

681  
0

270

**RECEIVED** 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-21-51

JUN 5 1951

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl R. Bonnell

Licensed Embalmer No. 2126

P. O. Address California

**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 this body is not embalmed, fact should be so stated above.