

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5508

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN: <u>Rural Morgan</u> ) c. LENGTH OF STAY (In this place) <u>25 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Morgan 0710</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Barnett, Mo Rt #1</u>		d. STREET ADDRESS (If rural, give location) <u>Barnett, Mo Rt 1 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>Leander</u> c. (Last) <u>Birdsong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12 1950</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>June 30, 1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> IF UNDER 1 HR. Hours <u></u> Mins. <u></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>Kemp Birdsong</u>		13b. MOTHER'S MAIDEN NAME <u>Cisiah J. Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Birdsong</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Birdsong</u> ADDRESS <u>705 N 18th St, Callis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 11</u> , 19 <u>50</u> , to <u>Feb 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 11</u> , 19 <u>50</u> , and that death occurred at _____ P. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph E. Murrell, Jr.</u> (Degree or title)		23b. ADDRESS <u>Callis, Mo.</u>	
23c. DATE SIGNED <u>2/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>High Point, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14-1950</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bowlin, Callis, Mo.</u>		ADDRESS _____	

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

RECEIVED

District Health Officer No. 7,

District File Number 1-50-75

Date Filed 2-16-50

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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 .....  
Student Embalmer

Signed

*Earl R. Boulton*

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.