

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4886-66 0037434  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

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

FILED SEP 23 1966

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

CHARLES ZAMMIT MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City  |                           | c. CITY OR TOWN Sugar Creek   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Osteopathic Hospital   |                           | d. STREET ADDRESS<br>214 South Willow   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First JOSEPH Middle BIRGE Last  |                           | 4. DATE OF DEATH<br>Month September Day 11 Year 1966  |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>9-23-1871  |
| 9. AGE (last birthday)<br>94  |                           | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Day Laborer  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>—  |  |
| 11. BIRTHPLACE (City and state or country)<br>Cincinnati, Arkansas  |                           | 12. CITIZEN OF WHAT COUNTRY<br>USA  |  |
| 13a. FATHER'S NAME<br>John Harvey Birge   |                           | 13b. MOTHER'S MAIDEN NAME<br>Sarah Jane Rebecca Elizabeth Noblitt   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Amanda Jane Birge  |                           |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                           | 16. SOCIAL SECURITY NO.<br>None   |  |
| 17. INFORMANT<br>William A. Birge, 214 South Willow   |                           | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Respiratory failure<br>DUE TO (b) Pulmonary Congestion<br>DUE TO (c) Pneumonia<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Arteriosclerotic Heart Disease |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>2 days   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   |                           |   |  |
| 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  |                           | COUNTY STATE  |  |
| 21. I attended the deceased from 10/18/65 to 9/11/66 and last saw him alive on 9/10/66<br>Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |                           |   |  |
| 22a. SIGNATURE<br>Charles F. Zammit Do  |                           | 22b. ADDRESS<br>300 S. Liberty - Indep., Mo.  |  |
| 22c. DATE SIGNED<br>9/12/66   |                           |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>Sept. 12, 1966   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>California Cemetery   |                           | 23d. LOCATION (City, town, or county)<br>California Missouri  |  |
| 24. FUNERAL DIRECTOR<br>3235 Gillham Plaza<br>Stine & McClure, Kansas City, Missouri.   |                           | 25. DATE RECD. BY LOCAL REG.<br>9-12-66   |  |
| 26. REGISTRAR'S SIGNATURE<br>Bertha Y. Inley  |                           |   |  |

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.