

FILED JAN 6 1969

124

STATE FILE NUMBER

69-002887

CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 2

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

4.0681

5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0680

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Maude Miller Birdsong		Female	January 2, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. white	5a. 88	5b.	6. 9-10-1880
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. California		7b. Latham Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. USA	10. Widowed	11. Deceased
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 498-22-9797	13a. Housewife		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Missouri	14b. Moniteau	14c. California	14d.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Alvin Peter Allee		16. Mary Jane Scott	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Elwood Birdsong		17b. California, Mo. 65018	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE			
(a) Cardiac Failure			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Cardio-vascular disease			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Arterio-sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR
I ATTENDED THE DECEASED FROM	June 1, 1968	TO Jan. 2, 1969	AND LAST SAW HIM/HER ALIVE ON Jan. 2, 1969
21a.	21b.	21c.	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
22a.			
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		
23a. Edgar A. Kibbe, M.D.	23b. Edgar A. Kibbe, M.D.		
MAILING ADDRESS—CERTIFIER	DATE SIGNED (MONTH, DAY, YEAR)		
23c. P.O. Box 247, California, Missouri 65018	1-3-69		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. Flag Springs Cemetery	California, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Jan. 4, 1969	24e. Williams Funeral Home 211 S. Oak Calif., Mo. 65018		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. Edgar A. Woodard	25b. Florence H. Kely	25c. Jan. 3, 1969	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Wayne A. Westland

Licensed Embalmer No. 5172

P. O. Address Calif., 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.