

**CERTIFICATE OF DEATH**  
**FILED JUL 9 1968 44 48**

124  
5-173168 0023769  
Cedar City Prec. Registrar's No. 267

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

Registration District No. 44 48 Primary Registration District No. Cedar City Prec. Registrar's No. 267

9. 0  
10a. 70  
10b.  
11. 0  
12. 1  
13. 4319  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-D

4. 0140  
5. 90

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

6. 0140

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST <u>Anno</u>		MIDDLE <u>Preston</u>		LAST <u>Birdsong</u>		SEX <u>male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>June 28, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE—LAST BIRTHDAY (YEARS) <u>70</u>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <u>May 12, 1898</u>		COUNTY OF DEATH <u>Callaway</u>	
CITY, TOWN, OR LOCATION OF DEATH <u>Cedar City</u>			INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>no street address</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>		CITIZEN OF WHAT COUNTRY <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Mildred Armstrong</u>		
SOCIAL SECURITY NUMBER <u>488-38-0109</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Barber</u>			KIND OF BUSINESS OR INDUSTRY			
RESIDENCE—STATE <u>Missouri</u>	COUNTY <u>Callaway</u>	CITY, TOWN, OR LOCATION <u>Cedar City</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>	STREET AND NUMBER <u>none</u>			
FATHER—NAME FIRST <u>Thomas</u>		MIDDLE <u>Milton</u>		LAST <u>Birdsong</u>		MOTHER—MAIDEN NAME FIRST <u>Ellie</u> MIDDLE <u>Swinford</u> LAST		
INFORMANT—NAME <u>Mildred Birdsong</u>				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Cedar City, Missouri</u>				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>								<u>Sudden</u>
DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Arteriosclerotic cardio-vascular disease</u>								<u>Years</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) <u>no</u>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>20a.</u>		DATE OF INJURY (MONTH, DAY, YEAR) <u>20b.</u>		HOUR <u>20c.</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>M. 20d.</u>			
INJURY AT WORK (SPECIFY YES OR NO) <u>20e.</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>20f.</u>		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>20g.</u>				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>Dr 31, 1961</u> TO <u>6-28-68</u>		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <u>2-28-68</u>		1 AND/DID NOT VIEW THE BODY AFTER DEATH. <u>21a.</u>
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. <u>22b.</u>				HOUR OF DEATH <u>21c.</u>		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <u>21d.</u>		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <u>21e.</u>
CERTIFIER—NAME (TYPE OR PRINT) <u>R. H. TANNER, M.D.</u>		SIGNATURE <u>R. H. Tanner, M.D.</u>		DEGREE OR TITLE <u>M.D.</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>6-2-68</u>		
MAILING ADDRESS—CERTIFIER <u>515 E. Neal, Jefferson City, MO. 65101</u>		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>Clarksburg Cemetery</u>		LOCATION (CITY OR TOWN, STATE) <u>Clarksburg Missouri</u>				
DATE <u>June 30, 1968</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Tanner Funeral Home, 700 Jefferson, Jefferson City, Missouri</u>						
FUNERAL DIRECTOR—SIGNATURE <u>Wanda King</u>		REGISTRAR—SIGNATURE <u>Norma McOez</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>6-6-68</u>				

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

JUL 15 1968

AUG 27 1968

JUL 9 1968

89-11-L

**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

*Robert L. Debs Jr*

Licensed Embalmer No. 5308

P. O. Address Jefferson City, Mo.  
65101

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.