

FILED SEP 5 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0033709

CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 4333 Registrar's No. 48

| | | | | | | |
|--|--|--|--|--|----------------------------------|---|
| DECEASED—NAME FIRST MIDDLE LAST | | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | |
| 1. James Fred Birdsong | | | 2. Male | 3. Aug 31 1968 | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) MOS. DAYS | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | |
| 4. White | | 5a. 65 | 5b. | 5c. | 6. Feb 1 1903 | |
| 7a. CITY, TOWN, OR LOCATION OF DEATH | | | 7b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | |
| 8. Clarksburg, Mo | | | 9. Home-Clarksburg, Mo | | | |
| 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) |
| 10. Missouri | | 11. U.S.A. | | 12. Married | | 13. Emma Mae. (Donley) Birdsong |
| SOCIAL SECURITY NUMBER | | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | |
| 14. 488-38-0352 A | | | 15. Barber & Paper Hanger | | 16. Own Business | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) |
| 17. Missouri | | 18. Moniteau | | 19. Clarksburg, Mo | | 20. Yes |
| FATHER—NAME FIRST MIDDLE LAST | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | | |
| 21. Thomas M. Birdsong | | | 22. Effie Bell Swinford | | | |
| INFORMANT—NAME | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 23. Emma Mae Birdsong | | | 24. Clarksburg, Mo | | | |
| PART I. DEATH WAS CAUSED BY: | | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 25. IMMEDIATE CAUSE | | | | | | 26. 2 years. |
| (a) <i>Congestive heart failure</i> | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES OR NO) 19. NO |
| IF YES FINDERINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. | | | | | | |
| 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 18b) |
| 27a. | | 27b. | | 27c. | | 27d. |
| 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) | | |
| 28a. | | 28b. | | 28c. | | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | | MONTH DAY YEAR | | AND LAST SAW HIM/HER ALIVE ON | |
| 29a. Jan 26 1959 | | | 29b. Aug 31 1968 | | 29c. 8 31-68 | |
| 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. | | | HOUR OF DEATH | | THE DECEDENT WAS PRONOUNCED DEAD | |
| 30a. | | | 30b. 10/20 P.M. | | 30c. 9-2-68 | |
| CERTIFIER—NAME (TYPE OR PRINT) | | | SIGNATURE | | DEGREE OF TITLE | |
| 31a. Kenyon LATHAM M.D. | | | 31b. Kenyon Latham M.D. | | 31c. M.D. | |
| MAILING ADDRESS—CERTIFIER | | | STREET OR R.F.D. NO. | | CITY OR TOWN STATE | |
| 32a. | | | 32b. Clarksburg, Mo | | 32c. 65018 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION CITY OR TOWN STATE | | |
| 33a. Burial | | 33b. Clarksburg Cemetery | | 33c. Clarksburg, Mo | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | |
| 34a. 9/2/68 | | 34b. Bowlin Funeral Home-100 S Oak St-California Mo-65018 | | | | |
| FUNERAL DIRECTOR'S SIGNATURE | | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | |
| 35a. John R. Bowlin | | | 35b. Lawrence H. Riely | | 35c. Sept. 3-1968 | |

DO NOT WRITE ON THIS STUB

9. 0
10a. 65
10b.
11. 9
12.
13. 4270
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4.0680

5. 90

DECEASED

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

6. 0680

PARENTS

CAUSE

CERTIFIER

BUR

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

SEP 13 1968

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 John R. Boulton
Licensed Embalmer No. 5150

P. O. Address California, mo
65018

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.