

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

651

State File No.

BIRTH FILED FEB 1 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>		c. LENGTH OF STAY (In this place) <u>9 hrs</u>	c. CITY OR TOWN <u>Algoa Reformed School</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Algoa Rural. 0269</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Birdsong</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb 2 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 28 1923</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroader</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brakman, Mo Pacific</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arno Birdsong</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Embry</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>U.S. Navy</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arno Birdsong Cedar City Mo</u>	ADDRESS <u>Cedar City Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Laceration</u>		<u>7 hrs</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Algoa Rd. - street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 1 1954 11 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car accident</u>
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22. I hereby certify that I attended the deceased from 2/1 1954, to 2/2 1954, that I last saw the deceased alive on 2/1, 1954, and that death occurred at 6/50A a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Kanagawa MD</u>	23b. ADDRESS <u>1 Dallmeier Bldg.</u>	23c. DATE SIGNED <u>2/2/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksburg. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 2 1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Boulton - California</u>	ADDRESS <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2640

2110

FEB 25 1954

MAR 1 1954

FEB 16 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack M. Bowlin*

Licensed Embalmer No. *49*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.