

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36237**
92

No. 300
10.48

FILED DEC 5 1949

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5042** Registrar's No. **92**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Barry		a. STATE Missouri	b. COUNTY Barry
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty	
c. LENGTH OF STAY (in this place) 39 yr.		d. STREET ADDRESS (If rural, give location) 6 miles W. of Exeter Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) William	b. (Middle) Riley	c. (Last) Birkes	(Month) Nov.	(Day) 18	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July/30/1873		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Birkes	13b. MOTHER'S MAIDEN NAME Martha Jamison	14. NAME OF HUSBAND OR WIFE Martha Birkes (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Oras Birkes		ADDRESS Exeter MO. Rt. #1
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Stroke judged		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		590 X	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 18, 1949, to Nov 18, 1949, that I last saw the deceased alive on Nov 18, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 202 Wheaton Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/1949	24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	24d. LOCATION (City, town, or county) (State) Exeter Mo.
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DATE REC'D BY LOCAL REG. Nov 26-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i>	10	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Wheaton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 28 1949
District Health Office No. 6,
District File Number 1149-1294
Date Filed 11-30-49

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.....

James Kenneth Duncan Student Embalmer No. 308
working under my personal supervision.

Student James Kenneth Duncan
Student Embalmer

Signed Wm Morris Logan

Licensed Embalmer No. 3447

P. O. Address Wheeler, 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 this body is not embalmed, fact should be so stated above.